

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
MONROE DIVISION

\* \* \* \* \*

GREGORY SCOTT AND MICHELLE  
SCOTT, INDIVIDUALLY AND ON  
BEHALF OF THE MINOR, JORDAN  
SCOTT, AS THE PARENTS AND  
TUTORS OF JORDAN SCOTT

ORIGINAL

VS.

NO. 3:16-CV-00376

NORTHERN LOUISIANA MEDICAL  
CENTER, RUSTON, LOUISIANA,  
HOSPITAL COMPANY, LLC, AND  
BRADY DuBOIS

\* \* \* \* \*

DEPOSITION OF  
EDWARD CALVERT, M.D.

October 17, 2016

\* \* \* \* \*

At:

North Louisiana Medical Center  
401 E. Vaughn Avenue  
Ruston, Louisiana 71270

REPORTED BY:

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CERTIFIED COURT REPORTER  
CERTIFICATE NO. 23012  
STATE OF LOUISIANA

*Linda Perot, CCR*

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*Linda Perot, CCR*

## STIPULATIONS

1 It is stipulated and agreed between counsel  
 2 that this deposition of **EDWARD CALVERT, M.D.**, is  
 3 taken pursuant to Notice by counsel for  
 4 Defendants in accordance with the *Federal Rules*  
 5 *of Civil Procedure*, and may be used for all  
 6 purposes and in any manner consistent therewith.  
 7 All objections except as to the form of the  
 8 question and responsiveness of the answer are  
 9 reserved until such time as the deposition is  
 10 offered and introduced into evidence.  
 11

12  
 13 The parties hereto waive all formalities in  
 14 connection with the taking of said deposition,  
 15 except the swearing of the witness, reduction of  
 16 the questions and answers to typewriting, and  
 17 reading and signing of the deposition.  
 18

19 The witness, **EDWARD CALVERT, M.D.**, was  
 20 advised of his right to read and sign this  
 21 deposition, and he elected to exercise that  
 22 right.

23 \* \* \* \* \*

24  
 25 *Linda Perot, CCR*

EDWARD CALVERT, M.D.,

being first duly sworn by LINDA PEROT, Certified Court Reporter 23012, was examined and testified as follows:

EXAMINATION

BY MR. WOODARD:

Q Good morning, Doctor.

A Good morning.

Q Will you please state your name and address for the record?

A Edward Calvert, 1120 Brookhaven Avenue, Ruston, Louisiana.

Q And it's my understanding you are a physician in the North Louisiana Emergency Physicians Partnership?

A I am.

Q Okay. And that serves Northern Louisiana Medical Center?

A Correct.

Q And you are not technically an employee of Northern Louisiana Medical Center?

A I think, technically, we are partners of some kind. I'm self-employed, I suppose.

Q And the partners of NLEP, LLP, that would be Drs. Alam, Taylor, White and yourself?

*Linda Perot, CCR*

1 A I'm not certain who all the partners are.

2 Q Okay. Alam and Taylor are your partners,  
3 though?

4 A I think -- I suppose. It's sort of unusual  
5 the way this ER is set up. Most of the  
6 time, you are self-employed. With this one,  
7 they make you partners of some kind. I  
8 think it's a tax issue more than an actual  
9 partnership.

10 Q How long have you known Dr. Alam and Dr.  
11 Taylor?

12 A I've known Dr. Alam since probably 2005; Dr.  
13 Taylor since, I believe, 2013.

14 Q Have you found them both to be trustworthy?

15 A I have.

16 Q Reliable?

17 A Yes.

18 Q Honest?

19 A Yes.

20 Q Can you think of any instance of dishonesty  
21 since you've known Dr. Alam or Dr. Taylor?

22 A I cannot.

23 Q I'd like to show you --

24 MR. WOODARD:

25 what's been marked as "--- 1."

*Linda Perot, CCR*

1 Q This is a transcript of Dr. Alam's testimony  
2 from a trial Mr. Ziegler and I actually had  
3 not too long ago. If you will, flip with me  
4 to the second page, Lines 7 through 9. Can  
5 you read for the record that question and  
6 answer?

7 A "No MRI or CT scan of the thoracic spine.  
8 Is that right?" "No. MRI is not emergency  
9 med department procedure. It takes longer  
10 time. We cannot order it fast."

11 Q Okay. Have you ever seen that before?

12 A No.

13 MR. WOODARD:

14 I have "Exhibit 2" here, some  
15 deposition excerpts from Dr. Taylor.

16 Q Have you read that deposition?

17 A I have not.

18 Q Okay. I want you to assume for me instead  
19 of going through these excerpts in detail  
20 that Dr. Taylor has testified in this  
21 particular case he asked for an MRI. His  
22 request was denied or delayed and the reason  
23 he was given was financial considerations.

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*

1 (To Witness): Go ahead.

2 MR. BLANKENSHIP:

3 I join in the objection.

4 MR. WOODARD:

5 You can state the basis for your  
6 form objection.

7 MS. HOSKINS:

8 Well, I don't think that's  
9 exactly --

10 MR. BLANKENSHIP:

11 His answer --

12 MS. HOSKINS:

13 Right. I don't think that's exactly  
14 what he said. I'm not -- it's a  
15 paraphrase of what he said and I'm just  
16 making my objection for the record.

17 MR. WOODARD:

18 Okay.

19 MS. HOSKINS:

20 I mean, if you want a verbatim, we  
21 can read it. I don't think that's  
22 necessary, but --

23 MR. WOODARD:

24 That's fine. I just -- if there was  
25 some way I could rephrase the

*Linda Perot, CCR*

1 paraphrasing that you don't have a  
2 problem with.

3 Q All right. And I want you to also assume  
4 for me that Dr. Taylor testified that he was  
5 told that requests for MRIs from the  
6 emergency room have to be precertified.

7 MS. HOSKINS:

8 Object to the form.

9 MR. BLANKENSHIP:

10 Same objection.

11 Q Have you ever heard of any of those things I  
12 just mentioned by Dr. Taylor?

13 A I have not.

14 Q Okay. Look back at "Exhibit 1." Do you  
15 agree with Dr. Alam that MRIs cannot be  
16 ordered fast from the emergency room?

17 A I do.

18 Q And why do you agree with that?

19 A MRI is not an emergency procedure. It's  
20 just not something that is available to us  
21 through the emergency room.

22 Q Is that something you wish was available?

23 A I'm sorry?

24 Q Is that something that you personally wish  
25 was available?

*Linda Perot, CCR*



1 A In an ideal world. However, MRI takes  
2 thirty minutes to an hour and it's just not  
3 an emergency procedure by the nature of MRI.

4 Q Have you ever attempted to order an MRI from  
5 the emergency room?

6 A Not on an emergency room patient.

7 Q Have you ever had occasion to order an MRI  
8 on an emergency room patient, but you did  
9 not make an order because you knew it would  
10 take a significant amount of time?

11 A It's not really available through the  
12 emergency room, so --

13 Q Who has told you that it's not available  
14 through the emergency room?

15 MS. HOSKINS:

16 Objection. I don't think that's  
17 what he said.

18 Q Is that what you said?

19 A It's not a test that we use in the emergency  
20 room because it's not available for us to  
21 order.

22 Q What do you mean that it's not available for  
23 y'all to order?

24 A If I attempted to order an MRI, it wouldn't  
25 be done. There's -- unless we order it on

*Linda Perot, CCR*

1 an inpatient, it's something that I would  
2 have to discuss directly with either an  
3 admitting physician or a radiologist or get  
4 the orthopaedic doctor to tell me that it  
5 was necessary. It's not something that I  
6 could just type an order in the computer and  
7 it would be done.

8 Q Do you have any idea why -- you could press  
9 a button and order a CT scan. Correct?

10 A Correct.

11 Q Do you have any idea why you can't do that  
12 for an MRI?

13 A It's just one of tests that's typically  
14 reserved for people who require an inpatient  
15 stay or can be done on an outpatient basis.

16 Q Typically, --

17 A We use the CT to rule out emergency  
18 conditions typically, and then if somebody  
19 needs further investigation, that's done  
20 sort of at the next level, not through the  
21 emergency room.

22 Q And when you say it's typically reserved for  
23 inpatients and who else?

24 A Done on an outpatient basis. Typically, we  
25 order a CAT scan to rule out emergency

*Linda Perot, CCR*

1 conditions and, if the CAT scan is negative,  
2 then we would send them to have an  
3 outpatient MRI via their primary physician.  
4 Q And the way you're understanding MRIs are  
5 used at Northern, typically there's a delay  
6 which allows for confirmation of either  
7 insurance or a patient's ability to pay?

8 MS. HOSKINS:

9 Objection.

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I don't know anything about the financial  
13 aspect of it.

14 Q It was a poor question. It's your  
15 understanding that, typically, the way MRIs  
16 are ordered and conducted at Northern,  
17 there's a significant period of time to  
18 where confirmation of reimbursement can be  
19 confirmed. Is that correct?

20 MS. HOSKINS:

21 Objection.

22 MR. BLANKENSHIP:

23 Same objection.

24 A Again, I have no idea about the financial  
25 aspect of it.

*Linda Perot, CCR*

1 Q If Dr. Taylor testified that he spoke with  
2 Brady Dubois, the former CEO of Northern, --  
3 do you remember -- were you working here  
4 when Mr. Dubois was so employed? --

5 A I was.

6 Q -- that he spoke with Mr. Dubois and he  
7 said, "We can't allow emergency room MRIs  
8 for financial considerations," would you be  
9 in a position to dispute Dr. Taylor's  
10 testimony?

11 MS. HOSKINS:

12 Object to the form.

13 MR. BLANKENSHIP:

14 Object to the form.

15 A I have no idea what conversation he had with  
16 Brady.

17 Q Would you have any reason to doubt  
18 Dr. Taylor?

19 MR. BLANKENSHIP:

20 Same objection.

21 Q So it seems that you, Dr. Alam and  
22 Dr. Taylor all agree that it's very  
23 difficult to obtain an MRI from the  
24 emergency room. Is that correct?

25 A That's correct.

*Linda Perot, CCR*

1                   MR. BLANKENSHIP:

2                   Object to the form.

3           Q     And as we discussed before, I'm a lawyer.  
4                 I'm not a doctor. Tell me, if I come to you  
5                 and I present with something, some  
6                 conditions, and you say, "I want this test  
7                 run," where do you go? Is it a computer  
8                 screen? Is it a station where you write  
9                 handwritten notes?

10          A     It's a computer screen.

11                 MS. HOSKINS:

12                 Just for clarification, you're  
13                 talking about if you present to NLMC  
14                 emergency room?

15                 MR. WOODARD:

16                 I think he understands the question.

17          Q     You can go ahead.

18          A     Yeah. We have a system called MEDHOST that  
19                 we do all of our documentation and we order  
20                 our tests through MEDHOST.

21          Q     Okay. And MEDHOST is electronic?

22          A     Correct.

23          Q     And if you want to order a CT scan, you can  
24                 press a button?

25          A     Correct.

*Linda Perot, CCR*

1 Q Are there any other type of diagnostic  
2 images you can order with the press of a  
3 button?

4 A X-rays, some ultrasound.

5 Q But there is no button on MEDHOST for MRIs?

6 A There is not, not that I'm aware of.

7 Q How often do you see or use that MEDHOST  
8 software?

9 A Every day.

10 Q Daily? And you've never --

11 A Every day that I work, yes.

12 Q Poor question. And you've never noticed an  
13 MRI button?

14 A I have not.

15 Q Have you ever inquired as to why there is no  
16 MRI button?

17 A I have not.

18 Q Do you have any idea as you sit here today  
19 why there is no MRI button?

20 A It's just not a modality we use in the  
21 emergency department.

22 Q I can't remember their first names, but are  
23 you familiar with Ms. Burns and Ms. Goss?

24 A Yes. Sandy Goss.

25 Q Sandy Goss?

*Linda Perot, CCR*

1 A Sandy Goss is her name.

2 Q Okay.

3 A I don't know who Burns is.

4 Q Would you agree if they said all other  
5 departments can order an MRI electronically  
6 except the emergency room?

7 MR. BLANKENSHIP:

8 Object to the form.

9 MS. HOSKINS:

10 Object to the form.

11 A I have no knowledge of other departments.

12 Q Are you aware of any MRIs ever being ordered  
13 from the emergency room by any physician?

14 A I am not.

15 Q And how long have you been at Northern?

16 A On and off since 2005.

17 Q Would it be fair to say that the ordering of  
18 MRIs from the emergency department at  
19 Northern is discouraged?

20 MR. BLANKENSHIP:

21 Object to the form.

22 A I've never been discouraged. It's just not  
23 something that's typically available to us.

24 Q Are you aware of -- let me ask this. Have  
25 you ever made any complaints to hospital

*Linda Perot, CCR*



1 administration that you would like to have  
2 the option for an MRI?

3 A I have not.

4 Q Are you aware of any physicians who have  
5 made such a complaint?

6 A I am not.

7 Q And you've never requested an MRI out of the  
8 emergency room?

9 A I have not.

10 Q But since 2005, you have had some patients  
11 where they presented with symptoms where you  
12 would have like to have obtained an MRI?

13 MS. HOSKINS:

14 Object to the form.

15 A Normally, I can rule in or out conditions  
16 with what's available to me in CAT scan or  
17 plain x-ray enough to give the patient a  
18 really need to be for that MRI. So through  
19 the nature of MRI, it's not something that  
20 we can do quickly in the emergency room.

21 Q The MRI machine is right down the hallway  
22 from the emergency department. Correct?

23 A I honestly don't know.

24 Q If Dr. Taylor testified that the MRI machine  
25 is right down the hallway from the emergency

*Linda Perot, CCR*

1 department, would you be in any position to  
2 dispute that?

3 A I would not.

4 Q If Dr. Taylor testified that "This is the  
5 21st Century; we ought to be able to obtain  
6 an MRI from the emergency department," would  
7 you agree with that?

8 MR. BLANKENSHIP:

9 Object to the form.

10 MS. HOSKINS:

11 Object to the form.

12 A That's his statement. I don't -- I've never  
13 worked in an emergency room where MRI was  
14 available to me.

15 Q How many emergency rooms have you worked in?

16 A Six or seven.

17 Q If a hospital advertises and markets that it  
18 has MRIs available for all patients,  
19 inpatients and outpatients, would it be fair  
20 for patients to expect that they can obtain  
21 an MRI from the emergency room?

22 MR. BLANKENSHIP:

23 Object to the form.

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*

1 A It's not an emergency procedure.

2 Q I understand. But my question was, if a  
3 hospital advertises that they provide MRIs  
4 for all patients, inpatients, outpatients,  
5 emergency, non-emergency, would it be fair  
6 for patients to expect that they can obtain  
7 an emergency room MRI?

8 MR. BLANKENSHIP:

9 Same objection.

10 A I don't really know how to answer that. I  
11 mean, they can advertise whatever they want,  
12 I suppose. It's just not something we use  
13 through the emergency room. It's available  
14 for inpatients; it's available for  
15 outpatients. But whatever they advertise,  
16 it's just not something we do in the ER.

17 Q But you wouldn't condone it as a good  
18 medical practice to falsely advertise what  
19 services a hospital can or can't offer.  
20 Correct?

21 MS. HOSKINS:

22 Object to the form.

23 MR. BLANKENSHIP:

24 Object to the form.

25 A Correct.

*Linda Perot, CCR*

1 Q Are you -- do you have any knowledge at all  
2 about the case that I'm here on today?

3 A I do not.

4 Q Have you ever heard of Jordan Scott?

5 A I've heard the name strictly because I know  
6 that's the case that I'm here for today.

7 Q Are you aware she's a patient who presented;  
8 at the time, she was twelve years old? And,  
9 according to Dr. Taylor's testimony, he  
10 wanted an MRI at around 9 a.m. and an MRI  
11 was not conducted until nearly 3 p.m.?

12 MS. HOSKINS:

13 Object to the form.

14 MR. BLANKENSHIP:

15 Same objection.

16 A I have no knowledge of the case.

17 Q Are you aware that that girl is now  
18 paralyzed for the rest of her life?

19 A I am not.

20 Q Would you agree that's a tragic case?

21 MR. BLANKENSHIP:

22 Object to the form.

23 MS. HOSKINS:

24 Object to the form.

25 A I do agree.

*Linda Perot, CCR*

1 Q Doctor, you are trained to help people.

2 Correct?

3 A Correct.

4 Q You're not trained on how to give  
5 depositions?

6 A I'm not.

7 Q Right now, you're thinking about "What am I  
8 going to do once I get out of this  
9 deposition and what am I going to walk into  
10 in the emergency department?" Correct?

11 A I don't work today, thankfully.

12 Q You're not working today. If you were  
13 working today, you walk in every day not  
14 knowing what's going to present itself?

15 A Correct.

16 Q You're holding a cup of coffee in your hand.  
17 When you're working, you may be drinking a  
18 cup of coffee, and then all of a sudden  
19 things go from tranquil to a gunshot wound  
20 comes in and you've got all hands on deck?

21 A Correct.

22 Q And you've got to use your expertise, your  
23 medical judgment to try to help that person?

24 A Correct.

25 Q You've got to assess the situation, diagnose

*Linda Perot, CCR*

1 the problem, and then treat the problem.

2 Correct?

3 A Correct.

4 Q And you've been educated. You've been  
5 trained. You have experience to help deal  
6 with those medical issues?

7 A Correct.

8 Q Is it true that sometimes business decisions  
9 can get in the way of you exercising -- or a  
10 doctor exercising his medical judgment?

11 MS. HOSKINS:

12 Object to the form.

13 MR. BLANKENSHIP:

14 Object to the form.

15 A Not with me.

16 Q Have you ever wanted to do something,  
17 provide treatment to a particular patient  
18 and been handcuffed by a particular  
19 administrative or business decision?

20 A Yes. I'm sure that I have, but I can't  
21 think of a specific example.

22 Q And that's more of where I was going with my  
23 question. Again, I'm asking you to assume  
24 instead of making you read all this  
25 deposition testimony. I'm trying to move

*Linda Perot, CCR*

1 things along so you can get out of here. If  
2 Dr. Taylor testified he wanted to order an  
3 MRI as early as, say, 9 a.m., he made the  
4 request to order an MRI, he was denied his  
5 request for an MRI, and when he was told why  
6 his requests were denied it was because of  
7 administrative financial consideration. I  
8 want you to assume those things. If that's  
9 true, would that be an instance where a  
10 physician's medical judgment was being  
11 handcuffed by a business decision?

12 **MR. BLANKENSHIP:**

13 Object to the form.

14 **MS. HOSKINS:**

15 Object to the form.

16 A Assuming all those things are true, yes, it  
17 would be.

18 Q Okay. And sometimes, those business or  
19 administrative decisions are made by people  
20 who never went to medical school like you?

21 **MR. BLANKENSHIP:**

22 Object to the form.

23 A Yes.

24 Q People who never went to medical school like  
25 Dr. Taylor or Dr. Alam. Correct?

*Linda Perot, CCR*



1 A Correct.

2 Q And sometimes, those administrative and  
3 business decisions are made without any  
4 consultation with people who went to medical  
5 school such as yourself, Dr. Alam and Dr.  
6 Taylor?

7 MR. BLANKENSHIP:

8 Object to the form.

9 A Yes.

10 Q And when those decisions are adopted, y'all  
11 pretty much have to just go with the hands  
12 you are dealt. Correct?

13 A Correct.

14 Q Okay. Again, I'm asking you to accept as  
15 true Dr. Taylor's testimony that Mr. Dubois  
16 told him, "We, as a hospital, cannot grant  
17 or order MRIs from the emergency room for  
18 financial considerations." Assuming that is  
19 true, would it be fair to say that that  
20 policy does not involve an assessment of  
21 each particular patient's condition?

22 MR. BLANKENSHIP:

23 Object to the form.

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*

1 A If it's a global policy, then I guess it  
2 doesn't involve individual patients.

3 Q And if Jordan Scott presented --

4 MR. WOODARD:

5 Y'all help me. August 19th?

6 MR. BLANKENSHIP:

7 That's right.

8 Q If Jordan Scott presented August 19th of  
9 2014 and that policy I'm asking you to  
10 assume exists, that would not have been  
11 applied for her specific case. Correct?

12 MR. BLANKENSHIP:

13 Object to the form.

14 A Correct.

15 Q It wouldn't have been applied during the  
16 scope of her particular treatment?

17 MR. BLANKENSHIP:

18 Same objection.

19 A I suppose.

20 Q If that policy exists, that would be an  
21 administrative or a business decision  
22 without consideration of any medical  
23 judgment?

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*

1                   MR. BLANKENSHIP:

2                   Same objection.

3           A     If it exists, yes.

4           Q     And I think you used the word "globally."  
5                 If it's applied globally or universally,  
6                 that would mean that it's being done so  
7                 without specific considerations of each  
8                 specific patient. Correct?

9           A     Correct.

10          Q     And if Dr. Taylor says the policy exists and  
11                 the hospital says it doesn't exist, that  
12                 would require a credibility call between the  
13                 two. Correct?

14                 MS. HOSKINS:

15                 Object to the form.

16                 MR. BLANKENSHIP:

17                 Object to the form.

18          A     I suppose.

19          Q     I'm trying to move along.

20                 MR. WOODARD:

21                 I'm going to show you what's been  
22                 marked as "Exhibit 5."

23          Q     Are you aware that Northern Louisiana  
24                 Medical Center has a website?

25          A     Not directly, no. I've never seen it.

*Linda Perot, CCR*

1 Q I'll represent to you that this is taken off  
2 Northern's website. Do you see the top  
3 line? It says, "Magnetic Resonance  
4 Imaging?"

5 A I do.

6 Q Is that what lay folks like me refer to as  
7 an MRI?

8 A Yes.

9 Q Look in the second paragraph. It says,  
10 "Northern has been offering MRIs as a part  
11 of the diagnostic imaging department since  
12 1994, and today we serve both inpatients and  
13 outpatients." Do you see that?

14 A I do.

15 Q When Jordan Scott was presenting to the  
16 emergency department in August of 2014,  
17 would she be considered an inpatient or an  
18 outpatient?

19 A She was an emergency room patient.

20 Q So inpatient?

21 A She doesn't really fall into either  
22 category.

23 Q Assuming she was admitted?

24 A If she was admitted, she would be an  
25 inpatient.

*Linda Perot, CCR*

1 Q Okay. And you see 1994. If Dr. Taylor  
2 testified that, "Look, this is the 21st  
3 Century; we ought to be able to have access  
4 to an MRI," that would be consistent with  
5 Northern's own website. Correct?

6 MR. BLANKENSHIP:

7 Object to the form.

8 A Correct.

9 MR. WOODARD:

10 I next want to show you "Exhibit 6,"  
11 which is another caption of Northern's  
12 website.

13 Q Look at the top. It says, "Diagnostic  
14 Imaging." Correct?

15 A Yes. Correct.

16 Q And if you see down toward the bottom, it  
17 says, "Why should I have my imaging exam  
18 done in an accredited facility?" Northern  
19 is an accredited facility. Correct?

20 A I don't know.

21 Q Okay. According to this website?

22 MR. BLANKENSHIP:

23 Object. Speaks for itself.

24 MR. WOODARD:

25 That's fair.

*Linda Perot, CCR*

1 Q Do you see the line I've highlighted there,  
2 "ACR gold standards of gold seals of  
3 accreditation?"

4 A I do.

5 Q ACR, is that the American College of  
6 Radiology?

7 A Yes.

8 Q Are you aware that accreditation is required  
9 for providers that bill for MRIs under  
10 Medicare?

11 A I am not.

12 MR. WOODARD:

13 I want to show you "Exhibit 8."

14 (OFF RECORD DISCUSSION.)

15 Q "Exhibit 8" is entitled The ACR  
16 Appropriateness Criteria. Do you see that?

17 A I do.

18 Q And again, that's the American College of  
19 Radiology?

20 A Yes.

21 Q And whenever you, as an emergency room  
22 physician, want to order diagnostic imaging,  
23 do you work with your radiology department?

24 A I do.

25 Q Okay.

*Linda Perot, CCR*

MR. WOODARD:

I now want to show you "Exhibit 9," which is a screen shot from another part of that article.

Q It looks like the ACR has defined "appropriateness" on when imaging is or is not required. Do you see that highlighted paragraph at the top?

A I do.

Q And in the paragraph toward the bottom, that speaks to rating appropriateness. Do you see that?

A I do.

Q Do you see the highlighted line toward the bottom that says, "The direct or indirect cost of a procedure are not considered as a risk or harm when determining -- " quote, unquote, " -- 'appropriateness'."

A I do.

Q Does that make sense to you?

A Yes.

Q And do you think that's how things ought to be, especially in the emergency department, considerations based on a financial -- or excuse me. Strike that. Financial

*Linda Perot, CCR*



1       considerations should not be considered when  
2       deciding which treatment to offer to a  
3       particular patient?

4               **MS. HOSKINS:**

5               Object to the form.

6               **MR. BLANKENSHIP:**

7               Same objection.

8       A       I do.

9       Q       You do agree with that?

10      A       I do agree with it.

11      Q       And I'm not trying to trick you. If you  
12               look at "Exhibit 9," I have one question  
13               here. The top paragraph, "The concept of  
14               appropriateness as applied to health care."  
15               It's the second sentence of the first  
16               paragraph. Do you see that?

17      A       I do.

18      Q       Do you understand the difference, if any,  
19               between appropriateness and health care, or  
20               does there appear to be a difference in this  
21               article between appropriateness and the  
22               practice of medicine?

23      A       I'm not sure what you mean.

24      Q       I'm not sure what I mean either. What does  
25               that sentence mean to you?

*Linda Perot, CCR*

1 A They are defining appropriateness in the  
2 setting of health care.

3 Q And in that definition, they say costs are  
4 not to be considered. Correct?

5 MR. BLANKENSHIP:

6 Object to the form.

7 A I don't believe it mentions cost at all in  
8 that paragraph.

9 Q I'm sorry. In the writing appropriate  
10 paragraph.

11 A Yes.

12 Q Have you ever heard of precertification?

13 A I have.

14 Q What is your understanding of what  
15 precertification means?

16 A I think it's normally when someone has a  
17 test that's ordered on a non-emergency basis  
18 and the insurance company can require sort  
19 of oversight to see if that procedure is  
20 appropriate.

21 Q Precertification is required or used in non-  
22 emergent basises?

23 A That's my understanding.

24 MR. BLANKENSHIP:

25 Object to the form.

*Linda Perot, CCR*

1 Q Is it your understanding that requiring  
2 precertification in emergency basis would be  
3 inappropriate?

4 MR. BLANKENSHIP:

5 Object to the form.

6 A Yes.

7 Q And it would be inappropriate because it  
8 would delay or deny possibly pressing or  
9 emergency medical needs to inquire into  
10 insurance?

11 A Yes.

12 Q And I'm guessing, as an emergency room  
13 physician, you are trained and educated on  
14 what I would call EMTALA?

15 A Yes.

16 Q What is your understanding of what EMTALA  
17 is?

18 A It's a series of laws or rules, I guess,  
19 that state that we have to do everything  
20 within our power to determine that somebody  
21 is medically stable before you would then  
22 deny treatment to them, I suppose, or refer  
23 them somewhere else for treatment.

24 Q Right. And you've been trained on that.  
25 You've been educated on that. And you've

*Linda Perot, CCR*

1        been told, as an emergency room physician,  
2        you have different duties than a non-  
3        emergency doctor. Correct?

4        A     Correct.

5                MS. HOSKINS:

6                Object to the form.

7        Q     And those duties include you can't dump a  
8        patient just because he or she doesn't have  
9        insurance or money. Correct?

10       A     Correct.

11       Q     And you can't deny screening examinations to  
12       a patient just because he or she does not  
13       have money or insurance. Correct?

14       A     Correct.

15       Q     If there is necessary treatment that's  
16       available, you provide it without regard for  
17       insurance or for payment. Correct?

18       A     Correct.

19       Q     In your training and education of EMTALA,  
20       are you trained or informed on how to  
21       identify when there has been an EMTALA  
22       violation?

23       A     Yes. I think so.

24                MR. WOODARD:

25                On "Exhibit 10," I have another

*Linda Perot, CCR*

1 screen shot from Northern's website on  
2 the precertification issue. This seems  
3 to echo what you were saying. It says,  
4 "You may preregister online at least  
5 three business days in advance of your  
6 requested procedure date." That does  
7 not seem to speak to emergency  
8 procedures. Correct?

9 **MR. BLANKENSHIP:**

10 Object to the form. It speaks for  
11 itself.

12 A Correct.

13 Q Emergencies, you don't get three day's  
14 notice. Correct?

15 A Correct.

16 Q And so, applying this precertification in an  
17 emergency setting would be kind of a square  
18 peg in a round hole?

19 A Correct.

20 **MS. HOSKINS:**

21 Excuse me. Do you want to turn your  
22 speaker down?

23 (OFF RECORD DISCUSSION).

24 **MR. WOODARD TO MR. SHOENFELT:**

25 Hey, Oscar.

*Linda Perot, CCR*

1 MR. SHOENFELT:

2 Yes?

3 MR. WOODARD:

4 Mute your phone for me. And I'm not  
5 trying to hush you up, just in case you  
6 need to engage.

7 MS. HOSKINS:

8 Just for clarification, Oscar is on  
9 your cell phone listening.

10 MR. WOODARD:

11 That's right.

12 MR. WOODARD:

13 Now, "Exhibit 11" is a screen shot  
14 from Northern's website.

15 Q And this also seems to echo what you were  
16 saying. The part at the bottom, "If you  
17 don't have insurance, no one will be denied  
18 necessary medical care due to lack of  
19 insurance or inability to pay." Do you see  
20 that?

21 A I do.

22 Q That's what you've been trained to do as an  
23 ER physician?

24 A Correct.

25 Q That's consistent with your Hippocratic

*Linda Perot, CCR*

1 oath?

2 A Correct.

3 Q And a policy or a practice or even a single  
4 instance in violation of that would  
5 constitute an EMTALA violation. Correct?

6 MS. HOSKINS:

7 Object to the form.

8 MR. BLANKENSHIP:

9 Object to the form.

10 Q I can rephrase the question. Accepting  
11 Dr. Taylor's testimony as true that there  
12 was an emergency condition, that the MRI was  
13 available, that the MRI was requested, that  
14 the MRI was denied because of insurance  
15 inquiries, it's your understanding that  
16 would result in an EMTALA violation.  
17 Correct?

18 MS. HOSKINS:

19 Object to the form.

20 MR. BLANKENSHIP:

21 Object to the form.

22 A Yes.

23 MR. WOODARD:

24 "Exhibit 12."

25 Q Northern Louisiana Medical Center represents

*Linda Perot, CCR*

1 on its website the thirty minutes or less  
2 pledge. Have you ever seen that?

3 A I have.

4 Q And that basically says you're going to get  
5 meaningful service within thirty minutes.  
6 You're going to be treated on an as-needed  
7 basis based on the severity of the condition  
8 presented. Correct?

9 MS. HOSKINS:

10 Object to the form.

11 MR. BLANKENSHIP:

12 Object to the form.

13 A I think what it means is that you will be  
14 seen and triaged within thirty minutes of  
15 your arrival to the emergency department.

16 Q You will be seen and triaged within thirty  
17 minutes. And then, after that, you're going  
18 to be pigeonholed into, okay, here is a  
19 runny nose, and then on the other end of the  
20 continuum we've got a heart attack or  
21 neurological deficits, something like that.  
22 Correct?

23 A Correct.

24 MR. BLANKENSHIP:

25 Object to the form.

*Linda Perot, CCR*



1 Q With this thirty-minute pledge in mind, if  
2 Dr. Taylor testified that he wanted an MRI  
3 for a twelve-year-old girl with neurological  
4 deficits in her hands and feet as early as  
5 9 a.m. and she did not obtain the MRI until  
6 3 p.m., do you think that would be  
7 consistent with the thirty-minute pledge?

8 MS. HOSKINS:

9 Object to the form.

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I don't think the pledge applies to that as  
13 long as she was seen and triaged within  
14 thirty minutes of her arrival to the ER.

15 Q Okay. Do you think that would be  
16 consistent, the scenario I just gave to you,  
17 MRI requested as early as 9 a.m., not  
18 conducted until 3 p.m. with emergency  
19 progressing neurological deficits in a  
20 twelve-year-old girl? Do you think that gap  
21 in time is consistent with best practices at  
22 Northern Louisiana Medical Center's  
23 emergency department?

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*

MR. BLANKENSHIP:

Object to the form.

1  
2  
3 A Again, an MRI is not something that is  
4 available to us through the emergency room.

5 Q Fair point. That would be an instance  
6 where, assuming those facts as true, request  
7 at 9:00, MRI finally given at 3:00, if you  
8 accept Dr. Taylor's testimony, he was doing  
9 everything he could to try to get the MRI in  
10 that time frame. But because of a business  
11 decision at the hospital, he could not get  
12 it, --

MR. BLANKENSHIP:

Object to the form.

13  
14  
15 Q -- assuming those facts as true. Is that  
16 correct?

17 A That's correct.

18 Q Now, I know you feel like you're probably  
19 banging your head against the wall and I'm  
20 almost done, but it's my understanding you  
21 say "MRIs can't be ordered from the  
22 emergency room department because that's not  
23 a modality we use." Is that a fair  
24 characterization of your testimony?

25 A Yes.

*Linda Perot, CCR*

1 Q And you don't know -- you don't know why  
2 that's something that's not available to  
3 y'all?

4 MS. HOSKINS:

5 Object to the form.

6 MR. BLANKENSHIP:

7 Same objection.

8 A No, not directly.

9 Q Can you think of any legitimate reason if  
10 the radiology department is right down the  
11 hall, the MRI machine is right down the  
12 hall, why you can't have access to that in  
13 the special cases where you may need it as  
14 an emergency room physician?

15 MS. HOSKINS:

16 Object to the form.

17 MR. BLANKENSHIP:

18 Same objection.

19 A I don't know exactly how to answer that.  
20 It's just always been we try to use another  
21 modality that's faster in itself to try to  
22 rule out emergency conditions. A CT can be  
23 done in a few minutes whereas an MRI takes,  
24 you know, a half hour or an hour, you know,  
25 to do the procedure. So typically, we use

*Linda Perot, CCR*

1 the faster modality to try to rule in or out  
2 an emergency condition, and then move on to  
3 the next step.

4 Q But there are certain things that an MRI  
5 will pick up that a CT scan will not pick  
6 up. Correct?

7 A Correct.

8 Q And, say, blood thickness, the density of  
9 blood around, say, a spinal cord. That may  
10 be an incident where you can run a CT scan  
11 and it won't pick up, but an MRI would  
12 definitely pick that up. Correct?

13 A I'm not a radiologist, so I'm not sure about  
14 that.

15 Q Sure.

16 A My understanding is that I think blood --  
17 acute blood shows up fairly well on a CAT  
18 scan, but there certainly may be things that  
19 an MRI would pick up that a CAT scan can't.

20 Q Which test is typically more expensive, a CT  
21 scan or an MRI?

22 A I have no direct knowledge of that.

23 Q Do you have any knowledge -- when you say  
24 you have no direct knowledge, do you have  
25 any indirect knowledge?

*Linda Perot, CCR*

1 A No, not really. I honestly have no idea  
2 what things cost.

3 Q Okay. Who would be the best person to ask  
4 that?

5 A I guess someone in the billing department.  
6 I don't -- I don't really know.

7 Q Who is in charge of the billing department?

8 A I have no idea.

9 Q You don't know?

10 A No.

11 Q It sounds like you walk into work like I do,  
12 ready to get in and get out.

13 A That's right.

14 Q But I think you said, in an ideal world, you  
15 would like to have the option to press a  
16 button and get an MRI if a particular case  
17 came in front of you and you decided you  
18 wanted one. Correct?

19 MR. BLANKENSHIP:

20 Object to the form.

21 MS. HOSKINS:

22 Object to the form.

23 A Yes.

24 Q You said an MRI can take thirty minutes to  
25 an hour to conduct?

*Linda Perot, CCR*

1 A Yes.

2 Q And a CT scan about fifteen minutes?

3 A Closer to five, probably, for most CTs.

4 Q Okay. What about an x-ray?

5 A A few seconds.

6 MR. WOODARD:

7 Can we go off the record real quick?

8 I'd like to talk with my counsel.

9 MS. HOSKINS:

10 Sure.

11 MR. BLANKENSHIP:

12 Sure.

13 (OFF RECORD.)

14 EXAMINATION

15 BY MR. WOODARD, continuing:

16 Q All right. Doctor, a few more questions and  
17 you're off. If a -- I want you to put  
18 yourself in Dr. Taylor's shoes. If a young  
19 twelve-year-old girl comes in with  
20 progressing neurological deficits in her  
21 hands and feet and you have reason to  
22 believe there is a compression of the cord  
23 which would require an MRI, what would you  
24 do to try to get an MRI ordered and  
25 conducted for that patient?

*Linda Perot, CCR*

1 MS. HOSKINS:

2 Object to the form.

3 MR. BLANKENSHIP:

4 Same objection.

5 A Assuming all of those things, should have  
6 two options. I could probably call and try  
7 to talk to the radiologist directly and see  
8 if that's something that we could get done,  
9 or transfer her to a facility where an MRI  
10 is routinely available, assuming I knew all  
11 of this.

12 Q And who would you call when you say "and  
13 talk to the radiologist"?

14 A Whoever was on duty for that day. Or I may  
15 call and try to talk with the orthopaedic  
16 surgeon to see if they could order the MRI.

17 Q And if the request to radiology and the  
18 request to another physician were denied,  
19 you would then say, "Look, I recommend this  
20 patient for transfer"?

21 A Assuming all of those things, yes, probably.

22 Q Okay. Are there any written rules on when  
23 you can order an MRI from the emergency  
24 room?

25 A I don't know. I have not seen a written

*Linda Perot, CCR*

1 rule.

2 Q And remind me. You've been here off and on  
3 since 2005?

4 A I have.

5 Q Any training on when you can or cannot order  
6 an MRI from the emergency room?

7 MR. BLANKENSHIP:

8 Here at the hospital or in general  
9 as part of his medical training?

10 Q I think he understands the question.

11 A No. I don't think there's any specific  
12 training. It's just sort of what I've  
13 experienced in practice.

14 Q Is it your understanding that a patient has  
15 to be admitted to obtain an MRI?

16 A At this facility.

17 Q At Northern?

18 A Correct. Or done on an outpatient basis.

19 Q Which would be a non-emergency setting.

20 A Correct.

21 Q So, the only way an emergency room MRI can  
22 be conducted at this facility is admitting  
23 the patient?

24 MS. HOSKINS:

25 Object to the form.

*Linda Perot, CCR*



1                   MR. BLANKENSHIP:

2                   Join the objection.

3           A     That wouldn't be an emergency room MRI.

4           Q     Sure. You said that an MRI is different from  
5                 the other tests in that it can be done in  
6                 fifteen to thirty minutes. Are there also  
7                 some additional benefits to MRIs as opposed  
8                 to a CT scan and an x-ray?

9           A     Yes, there are things we can see on an MRI  
10                that we can't see on the other two.

11          Q     And that's why I think you used the phrase  
12                "ideal world." You'd like to be able to  
13                have that option. Correct?

14                   MR. BLANKENSHIP:

15                   Object to the form.

16          A     Correct.

17          Q     Have you ever discussed with anyone at the  
18                hospital -- doctors, nurses, administration  
19                why MRIs are not available on the software  
20                that you mentioned?

21                   MS. HOSKINS:

22                   Object to the form.

23                   MR. BLANKENSHIP:

24                   Same objection.

25          A     I have not.

*Linda Perot, CCR*

1 Q When you were a resident, did you ever order  
2 an MRI from the emergency room?

3 A I don't know for sure. I trained at a much  
4 larger facility, so it's possible.

5 Q Aside from being a slightly longer test, can  
6 you think of any other reason as to why you  
7 would not be allowed to order an MRI from  
8 the emergency room?

9 MR. BLANKENSHIP:

10 Object to the form.

11 MS. HOSKINS:

12 Object to the form.

13 A Normally, we can rule in or out what we need  
14 to based on other modalities.

15 Q But you would agree, in an emergency  
16 department, there's really no such thing as  
17 normal. Correct? You get new cases every  
18 day.

19 A Correct.

20 Q All right. Let me make sure I understand  
21 this note from my counsel. Are you  
22 testifying that the emergency department  
23 here does not include determining if a  
24 patient needs a MRI on an emergency basis if  
25 that is available to an in-patient?

*Linda Perot, CCR*

1 A I'm not sure I understand the question.

2 Q I don't either. I'll move on. And again,  
3 you said, if you need an MRI, you've got to  
4 admit the patient. Correct?

5 A Correct.

6 Q And so, that would be an administrative  
7 decision where Northern has not allowed the  
8 emergency department to order an MRI.  
9 Correct?

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I'm not sure where the decision came from.  
13 It's not my decision.

14 Q You're not aware that it was Dr. Alam's  
15 decision?

16 A No.

17 Q You're not aware that it was Dr. Taylor's  
18 decision?

19 A No.

20 Q You're not aware of any physician who said  
21 hey, we don't want to be able to order an  
22 MRI?

23 A Correct.

24 Q Would it be safe to assume that that came  
25 from administration?

*Linda Perot, CCR*

1 A Or the radiology department, possibly.

2 Q And if the radiology department said that  
3 was not its decision, it'd be safe to assume  
4 that came from the business department or  
5 administration at Northern?

6 MR. BLANKENSHIP:

7 Same objection.

8 A Yes.

9 Q Would you agree with Dr. Taylor's testimony  
10 if he said that minutes can be critical when  
11 you're talking about compression of the  
12 spinal cord in a patient such as a twelve  
13 year old girl with progressing neurological  
14 deficits?

15 MS. HOSKINS:

16 Object to the form.

17 MR. BLANKENSHIP:

18 Same objection.

19 A Yes, I would agree with that.

20 Q And so, your options that you're allowed as  
21 an emergency room physician, if you're ever  
22 presented with a situation that requires an  
23 MRI, you either call radiology, you call  
24 another doctor such as an ortho, or you  
25 transfer. Correct?

*Linda Perot, CCR*

1 A Yes.

2 Q And all three of those decision take a  
3 significant amount of time.

4 A Correct.

5 Q The actual call to radiology, is that you  
6 pick up your cell phone and you call them or  
7 do you have a phone in your office?

8 A At the nurses' station.

9 Q All right. And if you call her and she  
10 denies and says we can't do that, then you  
11 call the doctor and he says we can't do  
12 that, that's several minutes which have  
13 passed. Correct?

14 A Correct.

15 Q And then, if you transfer, where would you  
16 transfer the patient?

17 A Typically, LSU-Shreveport.

18 Q And that's about an hour and a half drive,  
19 if you're booking it. Correct?

20 A About an hour.

21 Q By helicopter, how long are we talking?

22 MR. BLANKENSHIP:

23 Object to the form. Calls for  
24 speculation.

25 A I think it's about twenty or thirty minutes.

*Linda Perot, CCR*

1 Q And you're aware of instances where patients  
2 have been transferred from here to  
3 Shreveport by helicopter?

4 A Yes.

5 Q And you're aware of both the time they've  
6 left and the time they've arrived,  
7 generally?

8 A Generally.

9 Q So, it wouldn't call for speculation on your  
10 part, would it?

11 A I suppose not.

12 Q But those are the only three options you  
13 have available, calling radiology, calling  
14 another doctor, and transferring the  
15 patient. Correct?

16 A Correct.

17 Q And all three of those options take time.

18 A Correct.

19 Q Time in a situation, a hypothetical I'll  
20 pose to you, where minutes are very  
21 critical.

22 A Correct.

23 Q Okay.

24 MR. WOODARD:

25 Thank you, Doctor.

*Linda Perot, CCR*

1 MS. HOSKINS:

2 Trey?

3 MR. ZEIGLER:

4 No questions.

5 MR. BLANKENSHIP:

6 Good morning, Dr. Calvert. Again,  
7 I'm Kurt Blankenship and I represent the  
8 hospital. I do have some questions for  
9 you.

10 EXAMINATION

11 BY MR. BLANKENSHIP:

12 Q Touching on the helicopter flights to  
13 Shreveport, you have ridden on those  
14 helicopter flights with the patient?

15 A Not to Shreveport; no, sir.

16 Q So your understanding of the time frame  
17 involved is just a general understanding you  
18 have, not based on any personal knowledge of  
19 yours. Correct?

20 A Yes, sir.

21 Q All right. You've said several times in  
22 your testimony this morning that you can  
23 rule out conditions faster using other  
24 modalities than an MRI. Is that a fair  
25 understanding of what you said?

*Linda Perot, CCR*

1 A Yes.

2 Q And you've told us that the CAT scan can  
3 take just a few minutes; x-rays just a few  
4 seconds, and the MRI takes longer, thirty  
5 minutes to an hour.

6 A Yes.

7 Q So, my sense from what you're saying, my  
8 understanding of what you're saying, in  
9 general, is that because you're in an  
10 emergency room setting, you generally go to  
11 the faster tests that you as the physician  
12 believes will rule in or out a condition or  
13 a possible diagnosis and ascertain faster  
14 whether the condition is present or not.

15 Correct?

16 A Correct.

17 Q And that's why you would normally order the  
18 CT first, because that rules in or out a  
19 number of modalities. Correct?

20 A Correct.

21 Q You would agree with me, wouldn't you,  
22 Doctor, that a radiologist is, by virtue of  
23 his specialized -- his or her specialized  
24 training and experience, better qualified  
25 than an ER physician to determine what

*Linda Perot, CCR*



1 medical conditions are best ruled in and out  
2 by an MRI?

3 MR. WOODARD:

4 Object to form.

5 A They certainly have more specialized  
6 training than we do.

7 Q Okay. And they have more specialized  
8 training in interpreting MRIs than you do as  
9 an ER physician.

10 A Correct.

11 Q Do you ever, as an ER physician, interpret  
12 the MRI itself?

13 A Not an MRI, no.

14 Q But you do interpret tests?

15 A Preliminary interpretations. They're always  
16 over rid by a radiologist.

17 Q It's fair to say, isn't it, that you rely on  
18 the radiologist to give sort of a definitive  
19 interpretation of either the CAT scan or the  
20 MRI?

21 A Correct.

22 Q Now, you were asked what would your options  
23 be if a twelve year old girl presented with  
24 neurological deficits and you described  
25 those for us, and I want to go back over

*Linda Perot, CCR*

1 just a couple of them. First of all, your  
2 decision making path would depend, wouldn't  
3 it, on a number of things that you as the ER  
4 physician learn or see as part of your  
5 treatment and examination of the patient.  
6 And, by that, I mean first you'd be looking  
7 at the history the patient gave you.

8 A Correct.

9 Q Then you'd be relying on your clinical  
10 assessment of the patient in whether or not  
11 neurological deficits are demonstrated.

12 Correct?

13 A Correct.

14 Q And then, based on your training and  
15 experience, that information, the history  
16 and your clinical assessment, would lead you  
17 down one of several paths as to what further  
18 testing you would want to do to make a more  
19 definitive diagnosis. Correct?

20 A Correct.

21 Q And that's the normal course of events for  
22 ER physicians when they're treating and  
23 examining patients in the ER. Correct?

24 A Correct.

25 Q All right. And one of those options that's

*Linda Perot, CCR*

1 available to you is to consult with a  
2 specialist. Correct?

3 A Correct.

4 Q All right. And there at Northern Louisiana  
5 Medical Center, in August of 2014, there was  
6 an orthopaedic surgeon available to consult  
7 with. Right? Dr. Major Blair?

8 A I'm not certain, you know, who was on call  
9 that day or when he -- he's gone from this  
10 facility and I don't know when he left.

11 Q Let me make it just a general question.  
12 Generally, are there specialists available  
13 to consult with?

14 A We only have one orthopaedist on staff right  
15 now, so he's on call sometimes and he's not  
16 other times. I believe at that particular  
17 time there was probably coverage every day  
18 for orthopaedics.

19 Q Okay. But an orthopaedic surgeon would be  
20 one of the types of specialists that you  
21 could potentially consult as an ER physician  
22 when you're confronted with a suspected  
23 spinal cord injury. Correct?

24 A Correct.

25 Q All right. And that physician may or may

*Linda Perot, CCR*

1 not decide to order an MRI himself.

2 Correct?

3 A Correct.

4 Q And you've also testified earlier that  
5 you've worked in six or seven emergency  
6 rooms in the course of your career?

7 A Yes.

8 Q When did you start practicing emergency  
9 medicine?

10 A I believe 1999.

11 Q All right. And you've been here since 2005.  
12 That's what you told us. Correct?

13 A Correct.

14 Q All right.

15 MS. HOSKINS:

16 I think he said "off and on" --

17 MR. BLANKENSHIP:

18 Okay.

19 MS. HOSKINS:

20 -- since 2005.

21 MR. BLANKENSHIP:

22 All right.

23 Q Have you worked in other emergency rooms  
24 that are part of a facility that is  
25 comparable to Northern Louisiana Medical

*Linda Perot, CCR*

1 Center? And, by that, I'm just trying to  
2 distinguish between a facility like  
3 LSU-Shreveport and a facility like just a  
4 rural clinic. You know, there's a spectrum  
5 of facilities available.

6 A Most of the other facilities I have worked  
7 at have had more options available than  
8 Northern Louisiana Medical Center.

9 Q Okay. And when you say "options available,"  
10 are you --

11 A Specialty services available.

12 Q Right, that's what I was getting at. You're  
13 talking about they might have neurologists  
14 on staff or they might have neurosurgeons on  
15 staff, things like that.

16 A Correct.

17 Q Okay. Now, you were asked if you were  
18 trained to identify EMTALA violations. And  
19 he first asked you -- EMTALA is a federal  
20 law, is it not?

21 A It is.

22 Q All right. And you're not trained in the  
23 practice of law. Correct?

24 A I am not.

25 Q And you're not called upon to determine

*Linda Perot, CCR*

1           whether certain fact scenarios constitute a  
2           violation of the law or not.   Correct?

3           A    I'm not.

4           Q    You have a basic understanding as a  
5           physician of what EMTALA obligates you as a  
6           physician to do.   Correct?

7           A    Correct.

8           Q    And to summarize that obligation, is it fair  
9           to say that it's basically to triage and  
10          stabilize the patient within the  
11          capabilities of the facility.   Correct?

12          A    Correct.

13          Q    And that process, the triage unit and the  
14          stabilization of the patient is to be done  
15          without consideration for finances.  
16          Correct?

17          A    Correct.

18          Q    All right.   And that's what you believe you  
19          do here as the ER physician at Northern  
20          Louisiana Medical Center.   Correct?

21          A    Correct.

22          Q    You never ask a patient, I'm going to order  
23          this test, can you pay for it?

24          A    No, I don't.

25          Q    That's never a consideration for you?

*Linda Perot, CCR*

1 A No, it's not.

2 Q And I take it that in your practice as an  
3 emergency room physician here at the  
4 hospital at Northern Louisiana Medical  
5 Center, you don't get involved in any  
6 decisions about whether a test is going to  
7 be paid for by the patient's insurance  
8 company or the patient himself or not.

9 A I don't, no.

10 Q You're not trained or familiar with the  
11 requirements of various health insurers and  
12 their contracts with their patients in the  
13 hospital. Correct?

14 A I am not.

15 Q You were asked a number of questions about  
16 administration making decisions versus  
17 physicians making decisions. Let me phrase  
18 it to you this way: You as the physician,  
19 it's your prerogative, isn't it, to assess  
20 the patient and make the appropriate  
21 diagnosis. Correct?

22 A Correct.

23 Q And it's your prerogative to order what  
24 tests you believe are necessary to make that  
25 diagnosis, if they're within the capability

*Linda Perot, CCR*

1 of the hospital. Correct?

2 A Correct.

3 Q And it's your prerogative as the physician  
4 to decide whether a patient could best be  
5 treated for a specific condition at another  
6 facility. Correct?

7 A Correct.

8 Q And then, recommend or order the transfer.  
9 Correct?

10 A Correct.

11 Q And that happens all the time for an  
12 emergency room physician. Correct?

13 A Correct.

14 Q You said, I believe, that you don't have any  
15 knowledge of the specifics of this case.  
16 Correct?

17 A Correct.

18 Q And just to be clear for the record, you  
19 have not reviewed the medical chart for  
20 Jordan Scott's visit to the emergency room  
21 on August 19, 2014?

22 A I have not.

23 Q I believe you said at one point, if I wrote  
24 it down correctly, that you've never worked  
25 in an ER where the MRI is available.

*Linda Perot, CCR*



1 Correct?

2 A Correct.

3 Q So, if that is the policy or the practice  
4 here, and I'm not suggesting that it is, but  
5 if it is, it's not unusual in your  
6 experience, is it?

7 A Correct.

8 Q I want to show you, Dr. Calvert, a document  
9 that was identified and attached as an  
10 exhibit in a previous deposition in this  
11 case. I'll give you a minute to take a look  
12 at it, but I'll represent to you while  
13 you're looking at it that this is a list of  
14 MRIs ordered through the emergency room here  
15 at Northern Louisiana Medical Center from  
16 roughly 2013 to 2016 that was generated from  
17 the hospital's computer system. And, as you  
18 can see, the name of the patient is redacted  
19 from this document. If you look at the  
20 first page of this attachment, the third  
21 line down indicates that you, yourself,  
22 ordered an MRI through the emergency room on  
23 April 28th, 2014. Let me first ask you, you  
24 treat, in the course of any shift in the ER,  
25 anywhere from ten or so patients to maybe

*Linda Perot, CCR*

1 multiple tens of patients. Correct?

2 A Typically, twenty-five patients or so.

3 Q And you normally do how many ER shifts a  
4 month?

5 A Sixteen to eighteen.

6 Q So, just roughly doing the math, you take  
7 care of at least several hundred patients  
8 per month every month. Correct?

9 A Correct.

10 Q And it would be straining or taxing the  
11 ability of anyone to remember all the  
12 specifics of the patients that they treat.  
13 Correct?

14 A Correct.

15 Q All right. So, with that by way of  
16 background, first let me ask if you  
17 specifically recall ordering a brain MRI  
18 without contrast for a patient on  
19 April 28th, 2014?

20 A I do not.

21 Q But, given this list, do you have any reason  
22 to believe that the hospital computer system  
23 is inaccurate when it says that such an MRI  
24 was ordered?

25 A I do not. But my suspicion is that that was

*Linda Perot, CCR*

1 ordered as an in-patient.

2 Q Okay. There's a code that allows us to  
3 determine whether they were in-patient or  
4 outpatients but it shows you as the ordering  
5 physician. Correct? And the other people  
6 listed in the ordering physician column, let  
7 me ask you about some of these. First of  
8 all, you'll notice that Dr. Alam's office --  
9 I mean, name appears many times. Do you see  
10 that?

11 A I do.

12 Q Are you familiar with Dr. Holly Kidd?

13 A I am.

14 Q And who is that? Is that another ER  
15 physician?

16 A No, it's not. She's a Green Clinic Internal  
17 Medicine doctor.

18 Q All right. And Dr. Martin Blackwelder?

19 A Green Clinic Internal Medicine.

20 Q You see Dr. Taylor's name there?

21 A I do.

22 Q And then, Dr. Jacqueline White?

23 A I do.

24 Q Who is that?

25 A She's an emergency room doctor.

*Linda Perot, CCR*

1 Q And what about Dr. Beau Burton?

2 A He's a -- I believe a nurse practitioner in  
3 the ER.

4 Q Okay. Does he work with your group?

5 A He does.

6 Q Or for your group? All right. And  
7 Dr. Regan Bonan?

8 A Green Clinic Internal Medicine.

9 Q Okay. So, we've seen enough names to know  
10 that the ordering physician here is a  
11 mixture of Green Clinic Physicians and ER  
12 physicians. Correct?

13 A Correct.

14 Q All right. And the list speaks for itself,  
15 but you can verify for us, can't you, that a  
16 number of the MRIs shown ordered here are of  
17 the cervical spine. Correct?

18 A Yes. It looks like three of them.

19 Q Okay. And then some are of the lumbar  
20 spine. Correct?

21 A Correct.

22 Q At least one is of the thoracic spine.

23 A Correct.

24 Q And then, a lot of them are either of the  
25 head or the brain.

*Linda Perot, CCR*

1 A Correct.

2 Q Okay. Does it happen sometimes,  
3 Dr. Calvert, either in the emergency room  
4 here at Northern Louisiana Medical Center or  
5 others that if you believe an MRI might be  
6 appropriate for a patient for whatever  
7 reason, that you would call the radiologist  
8 on duty and say, hey, I've got a patient  
9 here. This is what I'm seeing. I think  
10 maybe an MRI is in order. What do you  
11 think? Does that happen?

12 A Yes.

13 Q All right. And under those circumstances,  
14 does the radiologist sometimes respond that  
15 yeah, I agree. Send him up. We'll do an  
16 MRI. Or, try this first or anything like  
17 that?

18 A I can't remember a specific instance but,  
19 yes, they would go over the possibilities,  
20 you know, of potential things that we could  
21 do to try to take care of the patient.

22 Q Okay. Is it fair to say that the  
23 radiologist, the physician radiologist is  
24 sort of the gatekeeper for determining  
25 whether an MRI is appropriate for a patient?

*Linda Perot, CCR*

1 A I'm not sure that I would use the term  
2 "gatekeeper," but they have, certainly, more  
3 training to know whether the test is  
4 appropriate or not.

5 Q Okay. You were asked a number of questions  
6 about whether you had ever discussed the  
7 unavailability, as you described, of MRIs  
8 here with either administration or other  
9 physicians, and I want to ask you about  
10 that. First of all, to use the term  
11 "unavailability," it has different meanings  
12 in my mind, so I want to clarify that. An  
13 MRI machine is present here in the hospital.  
14 Correct?

15 A Yes.

16 Q And MRIs can be physically performed here in  
17 the hospital. Correct?

18 A Correct.

19 Q So, another way of saying "unavailability,"  
20 as you've been describing it, of saying is  
21 it's not normally ordered through the ER?  
22 An MRI is not normally ordered through the  
23 ER?

24 A I have not ever ordered an MRI from the  
25 emergency room.

*Linda Perot, CCR*

1 Q That you recall?

2 A I have not ever ordered an MRI other than on  
3 an in-patient.

4 Q Even though this computer sheet shows that  
5 it was ordered for --

6 MR. WOODARD:

7 Object to form. He's stated he  
8 thinks that was an in-patient.

9 Q I think you said you suspect it was an  
10 in-patient.

11 A It's not possible for me to order an MRI  
12 from the emergency room; so if this shows up  
13 under my name, chances are that was an MRI  
14 written on admission orders. And I write  
15 for those every day.

16 Q For a patient that is going to be admitted.

17 A For a patient who's going to be admitted.

18 Q Right. And when you write the admission  
19 orders under those circumstances, is that an  
20 order that you, yourself, are generating,  
21 for lack of a better way to describe it, or  
22 is that an order that comes from another  
23 physician?

24 A I think technically it's from another  
25 physician because we don't have admitting

*Linda Perot, CCR*

1 privileges to the hospital. As sort of part  
2 of the customary procedure, we write what  
3 we'll call "bridge orders" to get the  
4 patient admitted to the hospital. The order  
5 technically comes from me, but it's on  
6 behalf of the admitting physician.

7 Q Okay. It happens, though, sometimes that  
8 you don't' actually talk to the admitting  
9 physician when you're writing the bridge  
10 orders, right? You have sort of a standard  
11 protocol for ordering sets of tests for  
12 specific kinds of patients, right?

13 A Yes, but we always discuss admissions with  
14 the admitting physician.

15 Q Okay.

16 A But yes, there's a typical work up for a  
17 heart patient or a --

18 Q But you don't necessarily have to talk to  
19 the admitting physician to know what that  
20 is. Correct?

21 A Correct.

22 Q Now, getting back to the questions about  
23 discussions, have you ever discussed this  
24 unavailability, as you've described it, of  
25 the MRIs through the emergency room with

*Linda Perot, CCR*



1 other physicians here?

2 A Not that I recall.

3 Q Because, again, in your experience, it's not  
4 that unusual, right?

5 A Correct.

6 Q And I'm not sure you were asked this  
7 specific question, so I want to ask it:  
8 You've never had any discussion with anyone  
9 in hospital administration about  
10 unavailability of MRIs through the ER as you  
11 have described it in this testimony today?

12 A I have not.

13 Q And I think we know the answer to this  
14 question but, just to be sure, to get ready  
15 for this deposition today, you didn't review  
16 any physical documents. Correct?

17 A I did not.

18 MR. BLANKENSHIP:

19 Thank you, Dr. Calvert.

20 MR. WOODARD:

21 I've got a few follow-ups.

22 WITNESS:

23 Okay.

24 MR. WOODARD:

25 This sheet, what do you want to mark

*Linda Perot, CCR*

1 this, Mr. Blankenship?

2 MR. BLANKENSHIP:

3 Your last number was ten, I believe,  
4 so we can make it eleven.

5 COURT REPORTER:

6 The last number was twelve.

7 MR. BLANKENSHIP:

8 Twelve? Let's make it "13."

9 REEXAMINATION

10 BY MR. WOODARD:

11 Q Okay. This sheet right here, Doctor,  
12 there's nothing showing what time any of  
13 these MRIs were ordered. Correct?

14 A I don't believe so.

15 Q There's nothing showing what time any of  
16 these MRIs were conducted. Correct?

17 A Correct.

18 Q So, if you're looking at this sheet,  
19 Exhibit 13, there could have been a  
20 five-minute delay between the order and the  
21 MRI or there could have been a five-day  
22 delay for all you know. There is no  
23 telling.

24 A Correct.

25 Q There's nothing on Exhibit 13 that shows

*Linda Perot, CCR*

1           whether these MRIs required precertification  
2           or did not require precertification.

3           Correct?

4           A     Correct.

5           Q     And of these few MRIs that purportedly come  
6           from the ER in Exhibit 13, it looks like at  
7           least seven of them dealt with the spine.

8           Correct?

9           A     Correct.

10          Q     And you understand that the MRI that  
11          Dr. Taylor wanted in this case addressed the  
12          thumbar area of the spine?

13                MS. HOSKINS:

14                Object to the form.

15          A     Lumbar?

16          Q     "Thumbar."   Thoracic.

17          A     Thoracic.

18          Q     Hey, that's that new area that I invented  
19          between thoracic and lumbar.

20          A     I'm not sure what he ordered.   I honestly  
21          don't have any knowledge.

22          Q     Assume that he wanted the thoracic area of  
23          the spine to be examined.   That would be  
24          consistent with the few MRIs that exist on  
25          Exhibit 13.   Correct?

*Linda Perot, CCR*

1 A There is a thoracic spine MRI on it.

2 Q Okay. And then, several other areas, the  
3 cervical and the lumbar. Correct?

4 A Correct.

5 Q And so, that would suggest that at least the  
6 brain and the spine are areas where you may  
7 need an MRI on certain occasions?

8 MS. HOSKINS:

9 Object to the form.

10 MR. BLANKENSHIP:

11 Same objection.

12 A Correct.

13 Q An MRI is a diagnostic screening  
14 examination. Correct?

15 A I don't know about a "screening"  
16 examination. It's a diagnostic examination.

17 Q Diagnostic.

18 A You don't use them to screen for anything  
19 that I'm aware of.

20 Q I said "screening." Diagnostic imaging  
21 examination?

22 A Correct.

23 Q And when we were talking about  
24 unavailability, it's physically available at  
25 Northern Louisiana Medical Center. Correct?

*Linda Perot, CCR*

1 A There is a machine here.

2 Q There is a machine here and it's relatively  
3 close to the emergency department. Correct?

4 A I'm not aware of it's location.

5 Q You would not be in a position to dispute or  
6 argue with Dr. Taylor whenever he describes  
7 where the MRI machine is located?

8 A I would not.

9 Q And so, while it's physically available, for  
10 all practical respects, it's not available  
11 to you in the emergency department.  
12 Correct?

13 MR. BLANKENSHIP:

14 Object to the form.

15 A Correct.

16 Q And that's because, due to an administrative  
17 business decision, you are not available to  
18 press a button and order an MRI from the  
19 emergency department?

20 MS. HOSKINS:

21 Object to the form.

22 MR. BLANKENSHIP:

23 Object to the form.

24 A I'm not sure where the decision came from.  
25 I just know it's not available.

*Linda Perot, CCR*

1 Q It didn't come from the doctors. Correct?

2 A Correct.

3 Q Who orders the software?

4 A I assume administration.

5 Q And so, if the software is ordered by  
6 administration and the software doesn't have  
7 a button that allows you to order an MRI, it  
8 would be safe to say that administration has  
9 made the decision to not allow emergency  
10 room doctors to order an MRI?

11 MR. BLANKENSHIP:

12 Object to the form.

13 A Again, I'm not sure who made the decision  
14 not to include it.

15 Q You've seen no evidence based on the  
16 software ordered by the administration that  
17 they want to allow you to be able to order  
18 an MRI from the emergency room?

19 MR. BLANKENSHIP:

20 Object to the form.

21 A Correct.

22 Q We talked about the delay in an MRI, fifteen  
23 to thirty minutes, typically?

24 A That's how long it takes to perform the  
25 actual MRI.

*Linda Perot, CCR*

1 Q Okay. That would, of course, be a shorter  
2 time frame than several hours. Correct?

3 A Correct.

4 Q And so, even if it's not the fastest test  
5 available, if under certain circumstances  
6 it's the best test available, that would be  
7 better than having a patient sit around and  
8 wait seven hours.

9 MS. HOSKINS:

10 Object to the form.

11 MR. BLANKENSHIP:

12 Same objection.

13 A Correct.

14 Q Especially a patient with progressing  
15 neurological defects.

16 A Correct.

17 Q Would it be very frustrating for you as a  
18 physician if you were presented with a  
19 patient who you thought, in your medical  
20 judgment, using your training, your  
21 expertise required an MRI and, because of  
22 hospital policies and procedures, you were  
23 not able to get an MRI?

24 MR. BLANKENSHIP:

25 Object to the form.

*Linda Perot, CCR*

1 A Yes.

2 Q And would it keep you up at night knowing  
3 that that policy has now left a teenage girl  
4 paralyzed for the rest of her life?

5 MS. HOSKINS:

6 Object to the form.

7 MR. BLANKENSHIP:

8 Object to the form.

9 A Yes.

10 Q You have a daughter yourself. Correct?

11 A I do.

12 Q That would be very troubling to you?

13 A Yes.

14 MR. WOODARD:

15 No further questions.

16 (WITNESS ELECTED TO READ AND SIGN.)

17

18 DEPOSITION CONCLUDED AT 9:30 A.M.

19

20

21

22

23

24

25

*Linda Perot, CCR*



REPORTER'S PAGE

I, LINDA PEROT, Certified Court Reporter  
No. 23012, in and for the State of Louisiana,  
the officer, as defined in Rule 28 of the  
Federal Rules of Civil Procedure and/or Article  
1434(B) of the Louisiana Code of Civil  
Procedure, before whom this proceeding was  
taken, do hereby state on the Record:

That due to the interaction in the  
spontaneous discourse of this proceeding, dashes  
(--) have been used to indicate pauses, changes  
in thought, and/or talkovers; that same is the  
proper method for a Court Reporter's  
transcription of proceeding, and that the dashes  
(--) do not indicate that words or phrases have  
been left out of this transcript;

That any words and/or names which could  
not be verified through reference material have  
been denoted with the phrase "(spelled  
phonetically)".

  
LINDA PEROT, CCR No. 23012

*Linda Perot, CCR*

CERTIFICATE

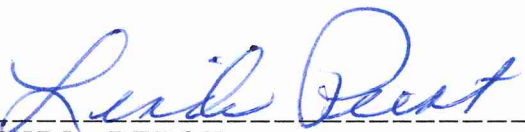
This certification is valid only for a transcript accompanied by my original signature And required official seal stamped on this certificate.

I, LINDA PEROT, Certified Court Reporter, Certificate No. 23012, as the officer before whom this testimony was taken, do hereby certify that **EDWARD CALVERT, M.D.**, after having been duly sworn by me upon authority of R.S. 37:2554, did appear on the 27th day of July, 2016, commencing at 8:06 a.m., and concluding at 9:30 a.m., as hereinbefore set forth in the foregoing 81 pages; that this testimony was reported by me in the stenomask reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is true and correct to the best of my ability and understanding; that the transcript has been prepared in compliance with the transcript format guidelines required by statute and rules of the Board; that I am informed about the complete arrangement, financial or otherwise, with the person or entity making arrangements for deposition services; that I have acted in

*Linda Perot, CCR*

1 compliance with the prohibition on contractual  
2 relationships, as defined by Louisiana Code of  
3 Civil Procedure Article 1434 and rules and  
4 advisory opinions of the Board; that I have no  
5 actual knowledge of any prohibited employment or  
6 contractual relationship, direct or indirect,  
7 between a court reporting firm and any party  
8 litigant in this matter, nor is there any such  
9 relationship between myself and a party litigant  
10 in this matter; that I am not related to counsel  
11 or to any of the parties hereto, I am in no  
12 manner associated with counsel for any of the  
13 interested parties to this litigation, and I am  
14 in no way concerned with the outcome thereof.

15 West Monroe, Louisiana, on this the 18th  
16 day of October, 2016.

17  
18   
19 \_\_\_\_\_  
20 LINDA PEROT  
21 CERTIFIED COURT REPORTER  
22 CERTIFICATE NO. 23012  
23 STATE OF LOUISIANA  
24  
25

*Linda Perot, CCR*

WITNESS CERTIFICATE TO  
OCTOBER 17, 2016, DEPOSITION OF  
EDWARD CALVERT, M.D.

\* \* \* \* \*

I, EDWARD CALVERT, M.D., deponent in the foregoing deposition, do hereby certify that the same was submitted to me for examination; that I have read the deposition and find it to be a true and correct transcription of the testimony as given by me on October 17, 2016, before Linda Perot, Certified Court Reporter No. 23012, in the matter of *Scott, et al. vs. Northern Louisiana Medical Center, et al.*, with the exception of any corrections noted on the attached errata sheet.

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GREGORY SCOTT, ET AL.  
VS. NORTHERN LA MEDICAL CENTER, ET AL.

EDWARD CALVERT, M.D.  
October 17, 2016

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APR. 12. 2016 9:44AM COURTHOUSE ANNEX

NO. 005 P. 3

HERMAN M. HODGE, JR. THIRD JUDICIAL DISTRICT COURT  
VS. NO. 55,272 PARISH OF LINCOLN  
STATE FARM FIRE & CASUALTY AND STATE OF LOUISIANA  
KENNETH L. COX

-----0-----

A PORTION OF THE PROCEEDINGS HAD on the Jury Trial in  
the above entitled and numbered cause had at Ruston, Louisiana on  
the 31<sup>st</sup> day of March, 2016 before His Honor, Jay B. McCallum,  
Judge for the Third Judicial District Court, State of Louisiana.

A P P E A R A N C E S: FOR THE PLAINTIFF:

K. LAMAR WALTERS, III  
RUSSELL A. WOODARD, JR.  
P. O. Box 14106  
Monroe, LA 71207

FOR THE DEFENDANT:

GORDON L. JAMES  
DONALD H. ZEIGLER, III  
P. O. Box 3008  
Monroe, LA 71210-3008

Reported by Jon Anne Winstead,  
Certified Digital Reporter

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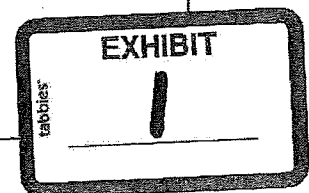
DR. MOHAMMAD J. ALAM

Called as a witness on behalf of the defendant, who,  
after first being duly sworn on his oath, testified as follows:  
(COUNSEL STIPULATED AS TO HIS EXPERTISE IN EMERGENCY  
MEDICINE.)

DIRECT EXAMINATION

Jon Anne Winstead, Official Court Reporter  
Third Judicial District Court

Exhibit "1"



APR. 12. 2016 9:48AM COURTHOUSE ANNEX

NO. 005 P. 13

1 about their accident history or their pain history because  
2 they're focused on what's going on at that time?

3 A. It's a possibility. I can't say that.

4 Q. Now, Dr. Alam, you -- you ordered an MRI or a CT Scan of  
5 the lumbar spine only, is that correct?

6 A. Correct.

7 Q. No MRI or CT Scan of the thoracic spine, is that right?

8 A. No, MRI is not a emergency med-- department procedure.  
9 It takes longer time. We cannot order it fast.

10 Q. Sure.

11 A. No, I did not order any other Cat Scan. The area where  
12 he complained of pain, I ordered the Cat Scan.

13 Q. Okay. And Mr. Zeigler showed you a note where there was  
14 a reference to Mr. Hodge complaining about a loss of  
15 consciousness, a few second loss of consciousness. It's in the  
16 nurse's note. I think it's at page 6 of your notes. And it says  
17 patient -- patient fell off ladder at work, reports may have had  
18 loss of consciousness for a couple of seconds, alert and oriented  
19 at this time. Now when -- when you have a patient come in with a  
20 -- a reported loss of consciousness, I assume you don't feel the  
21 need to order a CT Scan of the brain or of the head unless  
22 they're -- they're showing signs of cognitive deficiencies where  
23 they're not alert and oriented. Would that be accurate?

24 A. Correct.

25 Q. All right.

26 MR. WALTERS: All right, thank you, Doctor.

27 THE COURT: Thank you. Is there any redirect?

28 MR. ZEIGLER: No, Your Honor.

29 THE COURT: All right, well I think you're released to  
30 go back to wherever you'd like to go. Back to work or  
31 home or wherever.

32 THE WITNESS: Thank you.

Page 1

STATE OF LOUISIANA  
PATIENT COMPENSATION FUND  
MEDICAL REVIEW PANEL PROCEEDING

\* \* \* \* \*

GREGORY SCOTT AND MICHELLE SCOTT,  
INDIVIDUALLY AND ON BEHALF OF  
THE MINOR, JORDAN SCOTT, AS THE  
PARENTS AND TUTORS OF JORDAN  
SCOTT

VERSUS

NO. 2015-00923

JACOB WOOD, M.D., THE GREEN CLINIC,  
NORTHERN LOUISIANA MEDICAL CENTER,  
JAMES TAYLOR, M.D.

\* \* \* \* \*

DEPOSITION OF  
JAMES PATRICK TAYLOR, M.D.

February 25, 2016

(commencing at 9:01 a.m.)

\* \* \* \* \*

Taken at:

Law Office of Russell A. Woodard  
114 North Trenton Street  
Ruston, Louisiana 71270

\* \* \* \* \*

Reported By:

WANDA J. EADY  
CERTIFIED COURT REPORTER  
CERTIFICATE NO. 87255  
PARISH OF OUACHITA  
STATE OF LOUISIANA

Exhibit "1"

EXHIBIT

2

55a077

1 Q All right. Tell me the physician notes.

2 A The physician notes has three pages here.

3 Q How many pages is in the computer?

4 A I don't know. It's just scrolling on the computer.

5 Q Did you add anything on the computer -- well, first  
6 of all, let's go over as far as your physical examination.

7 A Yes, sir.

8 Q Did you in any way change the physical examination  
9 after you first entered it into the computer?

10 A The very first time change it or add to it?

11 Q Add to it, delete, --

12 A Yes, I did.

13 Q You added to your physical examination?

14 A That's correct.

15 Q When?

16 A At the admission, time of admission.

17 Q You're talking about, like, the same day?

18 A Yes, sir.

19 Q Did you ever go back after the day of this  
20 admission of Jordan Scott and add or delete anything from any  
21 of your physician notes other than the addendum?

22 A No, sir.

23 Q You would agree -- so you would agree, would you  
24 not, that Jordan Scott should have received an MRI as soon as  
25 she entered the emergency room?



1 A Relatively, yes, sir.

2 Q As soon as possible. Would you --

3 A As soon -- yes, sir.

4 Q And you were prevented from doing that by the  
5 hospital. Is that correct?

6 MR. GRUNER: Object to the form of the question.

7 Q Go ahead and answer, Doctor.

8 A Yes. Okay.

9 MR. SHOENFELT TO MR. GRUNER: And, Counsel, can you  
10 state your form of the objection, why you are  
11 objecting?

12 MR. GRUNER: You said "by the hospital." He said  
13 by the radiology department earlier. I'm not sure  
14 he meant hospital staff.

15 Q What did you mean, Doctor?

16 A That soon after -- I resulted the thyroid and the  
17 labs at 9:07 according to the chart. It was around that time  
18 right when I resulted the labs and had them back that I asked  
19 Ron, who is our charge nurse, Wyatt, I believe is the last  
20 name, -- he's no longer with us.

21 Q Why?

22 A I'm not sure.

23 Q You asked --

24 A He's probably semi-retired.

25 Q At 9:07, you asked Ron Wyatt what?



1 A That I needed to get an MRI. He tried to get one  
2 for me.

3 Q Wait. Did you need to get one or that you needed  
4 to get one?

5 A I needed to get an MRI.

6 Q Because you knew this was a neurological emergency,  
7 didn't you?

8 A I knew that there was something going on with her  
9 neurologically.

10 Q You know that, in a neurological emergency,  
11 particularly with compression on a cord, that you need to act  
12 as soon as possible?

13 A That was part of -- that was part of the thought  
14 process.

15 Q And Ron told you what regarding the MRI?

16 A Ron was -- because, on our computer physician order  
17 entry from the emergency department, there is no way to order  
18 an MRI.

19 Q Now, who is Ron again?

20 A Ron was our charge nurse that day at that  
21 particular time.

22 Q So you talked with Ron and he said you could not  
23 get an MRI?

24 A Ron was calling radiology in MRI -- to get an MRI  
25 because we have no way of ordering it. Whatever I needed to

Page 28

1 do to order the MRI, that's what needed to be done while I  
2 was going to see other patients. That's what he told me.  
3 I'm not sure what -- I can tell you what time period it was,  
4 but I can't give you the exact time. Ron told me that they  
5 said that you cannot get an MRI through the emergency  
6 department.

7 Q Were you aware of this prior to this time?

8 A I knew it was going to be difficult.

9 Q Why is that?

10 A Because they typically don't want to do MRIs  
11 through the emergency department.

12 Q And why is that?

13 A You'll have to ask them.

14 Q But, I mean, did you have problems with this prior  
15 to this time?

16 A Directly, no.

17 Q Okay. What about indirectly?

18 A I knew that in the past they had given other  
19 people -- wouldn't do MRIs through the emergency department.

20 Q They would not do them?

21 A That's correct.

22 Q So was it known among the emergency room physicians  
23 that you couldn't get an MRI in the emergency room?

24 A Nothing official, no.

25 Q Well, my question, nothing official, but was it

EXHIBIT A

Exhibit "1"

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1 known among the emergency room physicians that you couldn't  
2 get an MRI in the emergency room?

3 A Known as a policy? No.

4 Q Well, was it possible?

5 A Was it possible to not get one or possible --

6 Q No. Was it possible to get one?

7 A I was attempting to.

8 Q Okay. I'm thinking about when did this -- when did  
9 you first become aware of this issue?

10 A That they would not do one --

11 Q Yes.

12 A -- absolutely? That day.

13 Q When did you first become aware that the North  
14 Louisiana Medical Center had such a policy that it made it  
15 extremely difficult, if not impossible, for an emergency room  
16 physician to get an MRI?

17 MR. GRUNER: Object to the form.

18 A I can't give you a time, date or anything.

19 Q Was it years ago?

20 A I don't know if I've ever tried to order one  
21 before.

22 Q Had other physicians tried to order MRIs and not  
23 been successful?

24 A Not that I know of. Not directly, no.

25 Q But you were aware of this before August 2014.

1 Correct?

2 A That they would probably give me a difficult time?

3 Q Yeah.

4 A Yes, sir.

5 Q Well, if not this case, what case would warrant an  
6 emergency MRI with a twelve-year-old girl who could face  
7 potential paralysis if this diagnosis was not made as soon as  
8 possible? They still would not allow you. Did you tell them  
9 that?

10 A I can tell you what happened.

11 Q What happened?

12 A Ron subsequently told me that they said that we  
13 couldn't do an MRI. I tried to get -- oh, good Lord! -- our  
14 ER manager, --

15 MS. WHITE: Sandy.

16 A -- Sandy, Sandy Goss, to try to intervene.

17 Q And what happened with Sandy?

18 A She immediately told me, she goes, "They're not  
19 going to do an MRI for us." And I said, "Can you please just  
20 go try; go talk to them?" She later told me, "No." So later  
21 I went to Sherry Burns, the radiology manager, and talked to  
22 her and she told me that they couldn't do it. So I told her  
23 I was going to have to admit Jordan to get the MRI. That's  
24 what I told her.

25 Q Well, I thought at one point you discharged her.

1 A This was all before that.

2 Q And why did you discharge her if you wanted to get  
3 an MRI?

4 A A mental lapse on my part.

5 Q So you admit that you made a misdiagnosis?

6 MS. HOSKINS: Object to the form.

7 A I did not make a misdiagnosis. I made a bad  
8 judgment at that particular time.

9 Q Well, you admit that you breached the standard of  
10 care, then. Is that correct?

11 MS. HOSKINS: Object to the form.

12 A For having that discussion with them?

13 Q No. For not making sure that this girl who had  
14 neurological deficits received an MRI as soon as possible  
15 when you knew that continued compression on the cord could  
16 cause her to become paralyzed.

17 A That was part of the differential. Yes, sir.

18 Q But you admit that you breached the standard of  
19 care by not making sure she had an MRI and discharging her  
20 home. Correct?

21 MS. HOSKINS: Object to the form.

22 A I did not discharge her home.

23 Q Well, you admit that you breached the standard of  
24 care by attempting to discharge her home when she needed to  
25 get an MRI. Do you agree with that?

1 MS. HOSKINS: Object to the form.

2 A I did not discharge her home.

3 Q Do you feel you gave her proper care?

4 A With the resources I had available, I did the best  
5 I could at that time.

6 Q Would you agree that any hospital the size of North  
7 Monroe [sic] Hospital should allow an emergency room  
8 physician to obtain an MRI if an emergency situation such as  
9 Jordan Scott faced August 19th, 2014?

10 MR. GRUNER: Object to the form.

11 A My professional opinion, yes, sir.

12 Q And did you bring this up at any point in time to  
13 the hospital administrator?

14 A That day or afterwards?

15 Q Any time.

16 A Yes, sir.

17 Q And what did -- what happened?

18 A Nothing has changed.

19 Q Nothing has still changed. Is that correct?

20 A That's correct.

21 Q Now, Doctor, didn't you note this problem in the  
22 medical record?

23 A Of what part?

24 Q The fact that you couldn't get an MRI.

25 A I did make a little note of it, yes, sir.

1 Q The MRI?

2 A Yes, sir.

3 Q Okay. As soon as possible?

4 A Relatively quickly. Yes, sir.

5 Q And isn't it true that even minutes and hours can  
6 make a huge difference in the diagnosis and recovery of a  
7 patient such as Jordan Scott when she's got progressing  
8 neurological deficits?

9 A Yes.

10 Q So did Dr. Wood suggest to you that this was  
11 conversion disorder?

12 A The word "conversion" never came out. No, sir.

13 Q Did you write that in the medical record?

14 A I think on one of my addendums, I did.

15 Q Did you write in the medical record that he  
16 suggested conversion disorder could have caused this?

17 A It was part of the -- part of the things that we  
18 talked about; not conversion, but social issues. No. But  
19 she had neurologically something going on. Yes, sir.

20 Q Is it true you never suspected an epidural  
21 hematoma?

22 A Did I ever suspect it? No, sir.

23 Q And why is that?

24 A Was not aware that that could happen in that case  
25 like that. It was a -- it's one of the risk factors that we

1 certified by the attorneys for the hospital under oath?

2 A No, sir.

3 MR. GRUNER: Object to the form. The lawyers don't  
4 certify.

5 MR. SHOENFELT: It's in a response to request for  
6 production, so I think it's under oath, unless I'm  
7 mistaken.

8 Q So why is that not in the medical record?

9 A I don't know why it's not in there.

10 Q It's on the computer, is it not?

11 A It was two days ago.

12 Q All right. Isn't it true that the patients asked  
13 you to have an MRI done many times?

14 A Do people ask me a lot -

15 Q No. The parents, Mr. and Mrs. Scott.

16 A We talked about it, yes.

17 Q And what did you tell them?

18 A I told them I couldn't get one, they wouldn't let  
19 me get one through the emergency department. And that's when  
20 I went in and talked with them after I got off the initial  
21 phone call with Dr. Wood, had a discussion with them. It was  
22 Jordan's mom is the one that hit me between the eyes verbally  
23 and, basically, her reaction was "No, no, no; that's not  
24 acceptable." And then, she asked me, "If this was your  
25 daughter, would you take her home?" And how are you supposed



1 to respond to that, "No, I would not."

2 Q Well, shouldn't you treat each patient as if it was  
3 your own daughter?

4 A That's correct. Yes, sir. That's why -- that's  
5 why, at that particular time, it was a horrible lapse of  
6 judgment on my part because that's when I lost -- that's when  
7 I lost their trust and confidence, and that's what I took  
8 personally.

9 Q Okay. And you breached the standard of care, did  
10 you not?

11 A I lost their confidence and trust at that moment.

12 MS. HOSKINS: Object to the form.

13 MR. SHOENFELT: What's your objection? State it on  
14 the --

15 MS. HOSKINS: He's not saying he breached the  
16 standard of care. You are.

17 MR. SHOENFELT: Well, I'm asking him a question.

18 A No, sir.

19 Q You did not breach the standard of care?

20 A Not by -- not with that ten minutes I was in there  
21 talking with them.

22 Q Well, what about when she came in and she had  
23 uneven deficits when you first examined her from a  
24 neurological point of view and you knew it was an emergency  
25 and no MRI was ordered?

1 A I tried -- was trying to get an MRI.

2 Q Well, what time did you do the physical exam?

3 A When I first saw her.

4 Q No. What time in the morning?

5 A 7:50ish. 7:40.

6 Q That's what I'm saying. So 7:40 in the morning,  
7 you started trying to get an MRI. Correct?

8 A No, sir.

9 Q Okay. When?

10 A It was around 9:10.

11 Q Well, what happened from 7:40 to 9:10?

12 A Waiting for lab work.

13 Q Why did you wait for the lab work?

14 A To make sure it wasn't something metabolic.

15 Q So you said each minute and each hour can be  
16 important. Correct?

17 A It can be. Yes, sir.

18 Q So you decided to wait to see if -- instead of  
19 ordering the MRI, to see if there was something metabolic  
20 that was causing this paralysis with the child as opposed to  
21 going ahead and ordering the MRI?

22 MS. HOSKINS: Object to the form.

23 Q Is that correct?

24 A That's correct. Yes.

25 Q Okay. Is that proper medical care?

1 A I did not order the MRI sooner.

2 Q You should have. Right?

3 A I wish I had.

4 Q Well, Dr. Wood said that, as soon as you knew there  
5 was a difference in the upper and the lower limbs, that you  
6 should have tried to order an MRI on an emergency basis and  
7 get a neurosurgical consult. Is that --

8 MR. ZIEGLER: Object to the form.

9 MR. SHOENFELT: What's your objection?

10 MR. ZIEGLER: I'm objecting to the form. All I  
11 have to do is say I object to the form. I think --

12 MR. SHOENFELT: Well, I don't think that's actually  
13 true.

14 MR. ZIEGLER: Well, --

15 MR. SHOENFELT: You're supposed to say what your  
16 objection is because a lot of people just say it  
17 because they think it's a safeguard.

18 MR. ZIEGLER: I tell you what. We'll let the judge  
19 decide that.

20 MR. SHOENFELT: Well, we --

21 MR. ZIEGLER: I object to the form. He can answer  
22 the question.

23 A That's his medical opinion. Yes, sir.

24 Q Okay. You disagree with that or are you agreeing?

25 A Say that again. I'm sorry.

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1 Q Don't you agree that as soon as you saw the  
2 neurological deficits that were of a progressive nature this  
3 child was exhibiting, that you should have began an emergency  
4 ordering of an MRI and look for a neurosurgical consult?

5 A They weren't progressing before my eyes.

6 Q It's either a "yes" or "no."

7 A No.

8 Q Okay. And the reason is because that it was not  
9 progressing before your eyes?

10 A It's the time period. It's part of the  
11 differential.

12 Q So what did you think metabolically could have  
13 caused this type of -- with a history, first of all, of  
14 progressive for four or five days, activity as a cheerleader?  
15 Did you do a percussion in the thoracic area?

16 A I did.

17 Q And what did that show?

18 A She had some tenderness in the upper -- between the  
19 upper scapulas, between the scapula and the upper part of the  
20 scapula, but she also demonstrated numbness, as well.

21 Q So what did that indicate to you?

22 A That she had something neurologically going on.

23 Q Did it indicate to you that it was not caused by  
24 compression on a cord as opposed to something metabolic?

25 A Did I know there was compression on the cord?

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1 Q Yes.

2 A No, I did not.

3 Q I'm trying to figure out why you decided to wait to  
4 see if it was metabolic instead of going ahead and starting  
5 the emergency procedures while it was progressing with these  
6 neurological deficits as you waited.

7 A Because there's other things that can cause it.

8 Q That's what I'm saying. What could have caused  
9 this type of -- with this history with this child, with the  
10 percussion, with the pain in the thoracic area, what would be  
11 causing it just in the thoracic area?

12 A Could have transverse myelitis, could have  
13 Guillain-Barre syndrome, could have extremely high potassium  
14 or extremely low potassium, could have thyroid disorders,  
15 could have a type of neural polymyositis.

16 Q But shouldn't a compression on the cord caused by a  
17 physical injury be number one on your list based on the  
18 history, the pain in the thoracic area of this child?

19 A I had no history of injury.

20 Q You had no history that she had been cheerleading?

21 A She had been cheerleading, but no history of  
22 injury.

23 Q So did you feel that more probably than not that  
24 you had a metabolic issue?

25 A Oh, no, sir. No, sir.

1 Q Well, why, if you -- what did you think was most  
2 probable?

3 A That something was going on with her  
4 neurologically.

5 Q Did you think, based on the history and the  
6 physical examination, that more probably than not it was a  
7 compression on the cord?

8 A Or the cord involved itself.

9 Q Did you note that the nursing notes said that the  
10 pain was eight out of ten in the thoracic area?

11 A I've seen that in reviewing the nursing notes.

12 Q Do you agree with that?

13 A No, sir.

14 Q Okay.

15 A Eight out of ten?

16 Q Yeah.

17 A No, sir.

18 Q Well, how do you account for the discrepancy?

19 A I'm not sure.

20 Q Well, Dr. Wood says in the admit summary, "She has  
21 been heavily involved in cheerleading practices and was not  
22 absolutely sure that she did not have an acute injury, but  
23 she cannot recall any falls or specific times." Do you agree  
24 with that?

25 A There was no history of injury when I talked with

1 them.

2 Q But you did have the history that she had been  
3 involved in cheerleading practice. Correct?

4 A I did. I did.

5 Q Anything about the trampoline?

6 A Didn't know anything about a trampoline.

7 Q Are you aware this had been going on for -- that  
8 she had been having back pain for how long?

9 A Five days.

10 Q Okay. Let's go over -- all right. Let's see. Do  
11 you have the record there?

12 A Yes, sir.

13 Q Page 1 is the admit sheet. Correct?

14 A Yes.

15 Q All right.

16 MR. SHOENFELT: For the record, I'm going to attach  
17 this as an exhibit to the deposition. I'll mark it  
18 as "Exhibit 2." This is, again, the certified copy  
19 of the record from the hospital.

20 MR. GRUNER: How many pages is it?

21 MR. SHOENFELT: Thirty-six.

22 Q Okay. So "Exhibit 2" contains the certified copy  
23 of the record received from the hospital's attorneys. Page 1  
24 is the admit sheet. Do you have it? Oh, this is it. I'm  
25 sorry. I've got it here.

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1 A Yeah.

2 Q I got a little mixed up there. I've got it sitting  
3 here. All right. That's the admit sheet. Correct?

4 A That's correct.

5 Q Let me see that.

6 A Yes, sir.

7 Q All right. So did you have anything to do with the  
8 creation of any of this particular document?

9 A Of the face sheet?

10 Q Yes.

11 A No, sir.

12 Q Do you know what that "821/NA Coded" means?

13 A No, sir.

14 Q Do you know whose signature is on the front?

15 A No, sir.

16 Q Page 2, did you have anything to do with the  
17 creation of that particular sheet?

18 A No, sir.

19 Q Page 3 is the short-stay summary of Dr. Wood. Did  
20 you have anything to do with this sheet?

21 A No, sir.

22 Q Is there anything that you disagree with on this  
23 page 3?

24 MS. HOSKINS: Object to the form.

25 A (Peruses document.) The only thing I would

Exhibit "1"

EXHIBIT A



1 disagree with is about the progression, like, the last three  
2 lines of the history of present illness.

3 Q When you say she had a complete work-up and  
4 everything was negative, that's not true, is it?

5 A That's correct. That's not true.

6 Q Is that what you told him?

7 A No, sir.

8 Q What did you actually tell him when you talked to  
9 him?

10 A The first conversation?

11 Q Yes.

12 A That I had -- we discussed different things that  
13 had taken place. I told him about the labs that were ordered  
14 and that I couldn't get an MRI.

15 Q So basically, with your differential diagnosis of  
16 some kind of physical injury as opposed to metabolic, after  
17 you got the labs back you knew that it was a physical injury  
18 that was compressing the cord. Correct?

19 A Not necessarily a physical injury, but cord  
20 compression is on there for other reasons. It could be a  
21 disc; it could be a tumor.

22 Q Well, that's a physical compression on the cord, is  
23 it not?

24 A Yeah, but it's not an injury.

25 Q I just said there was a physical compression on the

1 A No, sir.

2 Q Okay. Did you ever consider making a neurosurgical  
3 consult by telephone?

4 A Neurosurgery will not take a transfer without a  
5 surgically-proven pathology.

6 Q What do you mean by "surgically proven"?

7 A Like, by imaging.

8 Q Oh, you mean, like, an imaging?

9 A Yes, sir.

10 Q So, again, the MRI was important. Correct?

11 A To get her -- to get her transferred. Yes, sir.

12 Q And you knew that from the beginning?

13 A I got the MRI ordered when I felt like I needed to.

14 Q No. But you knew from the beginning as soon as she  
15 walked in the emergency room that --

16 A I knew she had something neurologically going on.

17 Q I know that, but let me finish my question. You  
18 knew when she walked in that, in order to get her transferred  
19 if there was -- if she needed surgery, you had to have an  
20 MRI?

21 A That's correct.

22 MS. HOSKINS: Object to the form. She didn't walk  
23 in.

24 MR. SHOENFELT: That's a good point.

25 Q Okay. You knew when she came in not neurologically

1 Q So you sat there for five minutes just  
2 contemplating?

3 A I don't know if it was five minutes, but it was --  
4 I didn't jump up out of the chair and go.

5 Q Okay. So what did you think was going to happen to  
6 Jordan when you ordered the discharge?

7 A Can't tell you.

8 Q Well, that's something you should consider when  
9 you're discharging a patient.

10 A Sure. Absolutely.

11 Q You would agree with that? I mean, like, wait  
12 until I ask the question. That's something you should  
13 consider when discharging a patient. Correct?

14 A That's correct.

15 Q Did you feel like she would have permanent  
16 paralysis?

17 A I didn't know what was going to happen. I used bad  
18 judgment for that short period of time there.

19 Q Now, after this, did you go to anyone in the  
20 hospital and tell them that it's a bad policy not to be able  
21 to order an MRI from the emergency room?

22 A Yes.

23 Q Who specifically did you talk to?

24 A Brady Dubois, the CEO at the time.

25 Q Brittany --

1 A Brady. I'm sorry.

2 Q Brady?

3 A Yes.

4 Q Okay. Where did you have this conversation with  
5 him?

6 A Which one?

7 Q Okay. Well, let's -- the first one.

8 A I can't tell you --

9 MR. GRUNER: Let me enter an objection here. Just  
10 in case I need this again as a result of  
11 discussions taken during any type of quality  
12 assurance peer review or committee meetings, they  
13 are privileged pursuant to Louisiana law. So,  
14 again, I will make an objection with respect to the  
15 discussion of peer review and committee meetings.  
16 If there's any discussions outside of that that  
17 were just hallway or office discussions that were  
18 not part of committees, I don't have an objection  
19 to that.

20 Q Having said that, can you respond?

21 A I had one in a stairwell and I had one in his  
22 office --

23 Q Okay. Well, --

24 A -- that were not -- that were not part of those  
25 episodes.

1 Q Okay. Were there others that were part of those  
2 episodes as referred to by counsel for the hospital?

3 A Were there other people with --

4 Q No.

5 A -- Brady and I, or during those episodes that he  
6 objected to?

7 Q Well, I'll ask both of those questions. That's a  
8 good question. Was this run -- I'll just ask this directly  
9 instead of referring to the previous objection. Was this  
10 discussed at committee hearings and quality control committee  
11 hearings? And you can answer that "yes" or "no."

12 MR. GRUNER: I think you can answer "yes" or "no."  
13 The specifics of the discussions and those sorts of  
14 things are not discoverable.

15 A Yes.

16 Q When did those meetings take place?

17 A Afterward. I can't tell you what dates they were.

18 Q Now, how many were there, committee, control,  
19 whatever he's saying is privileged? How many meetings were  
20 there?

21 MR. GRUNER TO WITNESS: If you know.

22 A Discussed, two.

23 Q What specific meetings? I mean, was it the quality  
24 assurance meeting, or what was the --

25 A Peer review. Peer review.

1 Q Peer review?

2 A Med exec.

3 Q Med exec?

4 A That's correct.

5 Q So it was one peer review and one med exec?

6 A And they were combined, yes.

7 Q Okay. Now, when was the -- you had a meeting in  
8 the stairwell and you had one in his office. When did those  
9 meetings take place?

10 A Afterwards.

11 Q I understand that. But which one was first?

12 A I believe the stairwell one was the first one.

13 Q Okay. And when was that?

14 A I can't tell you when. I have no idea.

15 Q Well, I mean, was it within a month of this  
16 treatment on August 19th, 2014?

17 A There was one within a month.

18 Q Within a month?

19 A Yes.

20 Q In the stairwell?

21 A Yes.

22 Q Okay. Tell me what you told -- was his name Brady?

23 A That's correct.

24 Q What did you tell Brady?

25 A That we needed to be able to get MRIs in the

1 emergency department, that this is the 21st Century and that  
2 there's emergent conditions that we need to be able to get  
3 them.

4 Q I take it by that you felt that this was an  
5 antiquated policy?

6 MR. GRUNER: Object to the form.

7 Q You can answer the question.

8 A The MRI machine is right down the hallway.

9 Q How far?

10 A Less than fifty yards.

11 Q Well, let's draw a little map.

12 A Oh, Lord!

13 MR. SHOENFELT: "Exhibit 8."

14 A This is the best of my ability. If I've got  
15 different rooms wrong, then -- but it's the general location.

16 Q No, I understand. I know you're answering to the  
17 best of your ability, Doctor.

18 A (Witness drawing.) Roughly, that's -- the  
19 radiology department is right across the hallway from the  
20 emergency department, and the MRI is going down the hallway  
21 going towards ICU.

22 Q So the area from the emergency room to radiology is  
23 how far?

24 A I'd say less than fifty yards.

25 Q Fifty yards? So if you really wanted to, you could

1 condition.

2 Q Okay. And did you say anything else specifically?

3 A That in 2015 you should be able to get an MRI if  
4 you have it available, that there are conditions that only  
5 MRI can diagnose, not CAT scan.

6 Q Well, can you order a CAT scan in the emergency  
7 room?

8 A Yes. Yes.

9 Q What is the reason for the difference?

10 A They type of imaging.

11 Q I mean, they are both in the radiology department.

12 Correct?

13 A Uh-huh (yes).

14 Q So why do you have to be admitted for one and not  
15 for the other?

16 A I can't answer that for you.

17 Q Is there any sense to that as far as you know?

18 A As far as me, personally?

19 Q Yeah.

20 A Absolutely not.

21 Q What is the reason as far as why the hospital does  
22 it?

23 A The reason I was given, or do you want to ask them?

24 Q No. I want to ask you.

25 A I was told financial reimbursement.



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1 Q Okay. Explain that to me.

2 A They said to get reimbursed on an MRI, they had to  
3 precertify.

4 Q Precertify? What does that mean?

5 A It's to get permission from the insurance company.

6 Q So what does that have to do with admission?

7 A I have no idea.

8 Q Okay. Had you ever -- did you tell him  
9 specifically this -- well, strike that. Did you tell him  
10 that the outcome could have been different for Jordan if she  
11 had had an earlier MRI?

12 A I did not tell him that her condition could have  
13 been -- could have been different, that it was -- that I  
14 needed to be able to get an MRI for her.

15 Q Okay. What did he say?

16 A That they couldn't do MRIs out of the ER.

17 Q But he didn't elaborate any further other than it  
18 was a financial issue?

19 A It was a financial issue.

20 Q Did he discuss it -- did he say anything about the  
21 effect it would have on health care? Was that a  
22 consideration at all?

23 MR. GRUNER: During the stairwell?

24 MR. SHOENFELT: Yes. During the stairwell  
25 conversation.

1 MR. GRUNER: And let me object to the form before.  
2 I wasn't quite sure that you established that it  
3 was Brady who told you about the financial issue in  
4 that conversation.

5 WITNESS: He did. He did.

6 MR. GRUNER: I'm just making sure it's clarified.

7 A And the day that Jordan was there in my  
8 conversation with Sherry, the radiology manager, and she said  
9 it was because of reimbursement.

10 Q And that was at 9:07 when you decided --

11 A No. That would have been around 11 o'clockish.

12 Q Sherry -- what was her name again?

13 A I believe it's Burns, I believe.

14 Q Is she a health care provider?

15 A She's radiology department manager.

16 Q I mean, but does she --

17 A I'm sure she -- I'm sure she probably has a history  
18 of rad tech. I don't know for sure.

19 Q And she told you at 11:00 that the reason that you  
20 couldn't get the MRI was because of a financial issue?

21 A The reason why we can't do it in the emergency --  
22 why they don't do them out of the emergency department.

23 Q Had there ever been any other complaints regarding  
24 that, to your knowledge?

25 A That specific?

1 Q Yes.

2 A No.

3 Q All right. So is the policy still the same?

4 A If we were in the emergency department right now  
5 and I tried to get an MRI?

6 Q Yes, sir.

7 A I think I would be met with some resistance.

8 Q Is there a written policy on this?

9 A I don't know.

10 Q Do you have written emergency room protocols?

11 A We do.

12 Q Who wrote those?

13 A I've never -- I've never seen a policy for an MRI  
14 in the emergency department, but I cannot tell you that one  
15 doesn't exist.

16 Q You've never seen an emergency room protocol --

17 A For the MRIs. That would be a radiology policy.

18 Q Okay. Have you ever looked at the radiology  
19 protocol?

20 A No.

21 Q Have you ever looked at the emergency room  
22 protocol?

23 A I've looked at some of them, yes.

24 Q I mean, didn't you write those?

25 A No.

1 A To come and get them?

2 Q Yes.

3 A I wouldn't say twenty seconds.

4 Q It doesn't take but a few minutes to come down  
5 there and pick somebody up. Correct?

6 A That's as long as it takes to get it done.

7 Q Did you talk to Brady about policies of other  
8 hospitals you've worked at?

9 A Yes.

10 Q I mean, when you were at St. Francis, --

11 A Yeah.

12 Q -- did they have that same policy?

13 A If you needed to get -- you had to talk to  
14 radiology department about getting one.

15 Q I mean, was it --

16 A There was no button to push for an MRI.

17 MR. GRUNER: Are you talking about at St. Francis?

18 A No. At St. Francis Cabrini in Alexandria.

19 Q Yeah. St. Francis Cabrini.

20 A Yes.

21 Q Could you order an MRI from the emergency room?

22 A I had before, yes.

23 Q So that was back when?

24 A I was there from '97 to 2005.

25 Q So their policy was different from the one at North

1 Monroe -- North Louisiana Medical Center. Correct?

2 MR. GRUNER: Object to the form of the question.

3 A I was able to get an MRI in Alexandria.

4 Q And you could get it done quickly?

5 A Relatively quickly.

6 Q Well, I mean, when you said something about "This  
7 is 2015; you should be able to get an MRI done," --

8 A Uh-huh (yes).

9 Q -- what did you mean by that?

10 A That I could order an MRI and it would get done.

11 Q You think that's required for proper health care in  
12 the emergency room. Correct?

13 A Yes, sir.

14 Q And when you told Brady that, he said, "Well, it's  
15 a financial consideration"?

16 A He started explaining the reason why.

17 Q How long did that conversation last?

18 A Five minutes.

19 Q When is the next time you saw him?

20 A It was much later. It was in his office.

21 Q Okay. Tell me when that -- what happened then?

22 A We work different -- some of the things, like,  
23 there weren't enough techs. They weren't able to do twenty-  
24 four/seven MRI.

25 (OFF RECORD TALKING.)

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1 trained on CT and did some limited MRI. And she knew how  
2 upset I had been about this and she offered to come and sit  
3 and watch them do -- retrain on some MRIs and to offer her  
4 services uncompensated to be on call as long as I wasn't  
5 working to come help out the ER.

6 Q How long have you been upset about it?

7 A Since that day.

8 Q Since August 2014. Correct?

9 A Absolutely. Absolutely.

10 Q Because you knew the delay shouldn't have occurred?

11 A I was upset with the system, the very things that  
12 we're talking about.

13 Q Okay.

14 A I have anxiety before every shift.

15 Q You mean, since that time?

16 A Oh, absolutely.

17 Q And why is that?

18 A Because I'm afraid another Jordan Scott is going to  
19 come in the door.

20 Q Did you tell Brady all this?

21 A Oh, yeah.

22 Q And what did he say?

23 A He sympathized and said it affected him, too,  
24 because his child is in the same grade and he has to see them  
25 at school and -

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1 Q But he still wouldn't change the policy?

2 A Never gave in, no. And then, I was told something  
3 about the radiologists on after hours has to pay for a  
4 virtual radiology reading and it's not in the contract to be  
5 reimbursed for that, and the radiologists would be out three  
6 hundred and fifty dollars (\$350) for every MRI that was read  
7 not by them.

8 Q Not by who?

9 A By the radiologists. Like, if they had to use an  
10 off-site, off-hours radiology service.

11 Q Was that in the second meeting?

12 A That was actually kind of in a follow-up after my  
13 wife, but that was just in passing he was trying to explain.  
14 There was a third one.

15 Q A third meeting?

16 A Yes.

17 Q Okay.

18 MR. SHOENFELT: Let me call this other court  
19 reporter and see if we can get somebody.

20 COURT REPORTER: Yeah. I haven't heard back from  
21 the one who lives here, so she must be busy.

22 MR. SHOENFELT: I really want to finish this now.

23 (OFF RECORD.)

24 EXAMINATION BY MR. SHOENFELT, continuing:

25 Q All right. My last question was -- oh. I think

1 came out of peer review, they are privileged.

2 Q Was that in peer review or did you discuss it  
3 outside of peer review?

4 A Both.

5 Q Okay. Well, good. Tell me what -- tell me what  
6 you discerned from that issue. Did you talk -- strike that.  
7 Did you talk to Brady about that, also?

8 A Yes.

9 Q And what did he say?

10 A It was financial implications.

11 Q Like what?

12 A Reimbursement.

13 Q And how would that affect reimbursement?

14 A They have -- a lot of insurance companies will not  
15 reimburse for non-precertified MRIs.

16 Q So part of the time that was the two and a half  
17 hours was while the hospital was precertifying the --

18 A I don't know that.

19 MR. SHOENFELT: For the record, the court reporter,  
20 although we don't want her to go and we're not  
21 agreeing that she's going, but she has to go.  
22 Correct?

23 COURT REPORTER: I have to go.

24 MR. SHOENFELT: She has to go.

25 COURT REPORTER: I have to go. I can't find



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James P. Taylor, M.D.  
February 25, 2016

20

1 A. He said that he could not do an MRI in the  
2 emergency department.

3 Q. Did he tell you who he spoke with?

4 A. He did not. I asked him to call MRI, but I  
5 don't know if that's who he called.

6 Q. Okay. How long after your initial  
7 conversation with Ron do you believe he told you  
8 that?

9 A. Twenty, thirty minutes, maybe.

10 Q. I took your earlier testimony that once Ron  
11 told you that, that you then got on the phone. Is  
12 that correct?

13 A. No, in person with Sandy Goss.

14 Q. Okay. So Sandy was the next person you  
15 talked to?

16 A. Yeah. Sandy was around at that time. I  
17 think she was familiar with at least Jordan's mom.  
18 I believe they knew each other or knew of each  
19 other.

20 Q. Okay. And what did you tell Sandy at that  
21 time?

22 A. I was frustrated that they said they  
23 wouldn't do an MRI and she said, well, they're not  
24 going to do one in the emergency department. And I  
25 said, would you please go talk to somebody and I

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James P. Taylor, M.D.  
February 25, 2016

21

1 need an MRI.

2 Q. Okay. What did Sandy do then? Do you  
3 know?

4 A. I assumed that she went and talked to them  
5 and came back and later told me that they don't do  
6 ER MRIs.

7 Q. Do you know who Sandy spoke with?

8 A. I do not.

9 Q. How long after Ron told you that he had  
10 spoken with somebody in radiology did you talk to  
11 Sandy?

12 A. Not very long after.

13 Q. Okay. But you don't know who Ron or Sandy  
14 spoke with?

15 A. No.

16 Q. Your next action then to get the MRI was to  
17 call Sheri?

18 A. I walked over there.

19 Q. You walked over and talked to her in  
20 person?

21 A. I walked to her office, right. She was  
22 actually out in the hallway.

23 Q. Again, what specifically did you tell Sheri  
24 at that time?

25 A. That I needed to get an MRI.

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James P. Taylor, M.D.  
February 25, 2016

22

1 Q. Did you tell her it was emergent?

2 A. I needed an MRI in the emergency  
3 department.

4 Q. Did you tell her --

5 A. Did I use the word "emergent"?

6 Q. Yeah.

7 A. I did not use the word "emergent."

8 Q. Did you tell her specifically what the  
9 nature of Jordan's neurological deficit was?

10 A. Yeah, it was something with her spine.

11 Q. What did she say?

12 A. We don't do emergency -- we can't do MRIs  
13 in the emergency department -- through the emergency  
14 department.

15 Q. After that conversation with Sheri, about  
16 what time frame are we talking -- well, strike that.  
17 What was the time frame that you spoke with Sheri,  
18 if you recall?

19 A. It was not long. It was enough time for me  
20 to leave her office to say I'm going to admit her to  
21 get an MRI and for me to walk up to administration  
22 to go and try to find Brady and talk to him, but he  
23 was out. So I came back and just called Jake Wood  
24 to do it.

25 Q. So --

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James P. Taylor, M.D.  
February 25, 2016

26

1 Q. Okay. Subsequent to this case, have you  
2 ever attempted to order an MRI out of the emergency  
3 department?

4 A. Yes.

5 Q. And were you successful in getting that MRI  
6 accomplished?

7 A. Yeah, there was one time.

8 Q. Okay. What type of case was that?

9 A. It was immediately after peer review. In  
10 urgent care, there was somebody there with lower  
11 back pain, with weakness in their legs and they  
12 called from urgent care -- Quickcare, that was the  
13 particular urgent care, called Dr. Blair to discuss  
14 it with him, and he told them to have the patient  
15 come to the ER for me to see.

16 Q. And was it your order for the MRI that was  
17 accomplished or Dr. Blair's order?

18 A. No, it was me. I became a disruptive  
19 physician that day because of what I had been  
20 through, and I went all the way to the CEO.  
21 Dr. Blair knew I was unhappy back then.

22 Q. All right. Any other attempts to order an  
23 MRI out of the emergency department?

24 A. The only other time -- that I had tried to  
25 order an MRI? No. There was a -- since that time,

STATE OF LOUISIANA  
PATIENT COMPENSATION FUND  
MEDICAL REVIEW PANEL PROCEEDING

\*\*\*\*\*

GREGORY SCOTT AND MICHELLE  
SCOTT, INDIVIDUALLY AND ON  
BEHALF OF THE MINOR, JORDAN  
SCOTT, AS THE PARENTS AND  
TUTORS OF JORDAN SCOTT

VERSUS

PCF NO. 2015-00923

JACOB WOOD, M.D.,  
THE GREEN CLINIC,  
NORTHERN LOUISIANA MEDICAL CENTER  
AND JAMES TAYLOR, M.D.

\*\*\*\*\*

DEPOSITION OF  
SHERI GARRETT BURNS

May 12, 2016

(commencing at 1:01 p.m.)

\*\*\*\*\*

Taken at:

Northern Louisiana Medical Center  
401 East Vaughn Avenue  
Ruston, Louisiana 71270

\*\*\*\*\*

Reported By:

WANDA J. EADY  
CERTIFIED COURT REPORTER  
CERTIFICATE NO. 87255  
PARISH OF OUACHITA  
STATE OF LOUISIANA

EXHIBIT

3

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<p>1 APPEARANCES:</p> <p>2 FOR GREGORY SCOTT AND MICHELLE SCOTT,</p> <p>3 INDIVIDUALLY AND ON BEHALF OF THE MINOR,</p> <p>4 JORDAN SCOTT, AS THE PARENTS AND TUTORS</p> <p>5 OF JORDAN SCOTT:</p> <p>6 OSCAR L. SHOENFELT, III</p> <p>7 ATTORNEY-AT-LAW</p> <p>8 2109 Perkins Road</p> <p>9 Baton Rouge, Louisiana 70808</p> <p>10</p> <p>11 FOR NORTHERN LOUISIANA MEDICAL CENTER:</p> <p>12 BLUE WILLIAMS</p> <p>13 3421 North Causeway Boulevard,</p> <p>14 No. 900</p> <p>15 Metairie, Louisiana 70002</p> <p>16 appearing herein by and through</p> <p>17 Mr. Kurt S. Blankenship</p> <p>18</p> <p>19 FOR JACOB M. WOOD, M.D.:</p> <p>20 HUDSON, POTTS &amp; BERNSTEIN</p> <p>21 Post Office Drawer 3008</p> <p>22 Monroe, Louisiana 71210-3008</p> <p>23 appearing herein by and through</p> <p>24 Ms. Sara White on behalf of</p> <p>25 Mr. Gordon L. James</p> <p>19 VIA</p> <p>20 TELEPHONE: FOR JAMES PATRICK TAYLOR, M.D.:</p> <p>21 DEGAN, BLANCHARD &amp; NASH</p> <p>22 400 Poydras Street, Suite 2600</p> <p>23 New Orleans, Louisiana 70130</p> <p>24 appearing herein by and through</p> <p>25 Ms. Maryann Hoskins</p> <p>ALSO PRESENT: Susan White, Risk Manager</p> <p>*****</p>	<p>1 SHERI GARRETT BURNS, being first duly sworn, testified</p> <p>2 as follows:</p> <p>3 EXAMINATION BY MR. SHOENFELT:</p> <p>4 Q Would you please state your full name for the</p> <p>5 record?</p> <p>6 A Sheri Garrett Burns.</p> <p>7 Q And give me your address, please.</p> <p>8 A Home address?</p> <p>9 Q Yeah. That would be good.</p> <p>10 A 996 Long Straw Road, Choudrant, Louisiana.</p> <p>11 Q How do you spell that?</p> <p>12 A C-H-O-U-D-R-A-N-T.</p> <p>13 Q I was wondering how you pronounced that.</p> <p>14 MR. SHOENFELT: So I'm going to ask you some</p> <p>15 questions today. This is called a deposition.</p> <p>16 Have you ever taken a deposition?</p> <p>17 WITNESS: I have not.</p> <p>18 MR. SHOENFELT: Okay. If you don't understand any</p> <p>19 question, just ask me to repeat it and I'll be</p> <p>20 happy to do so. But if you do answer, I will</p> <p>21 assume you understand it. Does that sound fair?</p> <p>22 WITNESS: Yes.</p> <p>23 Q Can you give me your occupation?</p> <p>24 A I am the director of radiology.</p> <p>25 Q At Northern -</p>	<p>1 A Northern Louisiana Medical Center.</p> <p>2 Q And what does that encompass?</p> <p>3 A I manage the radiology department and all of the</p> <p>4 techs that work for me.</p> <p>5 Q Can you give me a rundown of your educational</p> <p>6 background?</p> <p>7 A I have a Bachelor of Science in radiologic</p> <p>8 technology.</p> <p>9 Q And where was that?</p> <p>10 A From ULM, University of Louisiana at Monroe.</p> <p>11 Q And what year did you obtain that?</p> <p>12 A 1988.</p> <p>13 Q And where did you go to high school?</p> <p>14 A Bastrop High School.</p> <p>15 Q The Rams. Correct?</p> <p>16 A The mighty Rams.</p> <p>17 Q All right. What year did you graduate?</p> <p>18 A 1983.</p> <p>19 Q What did you do from '83 to '88?</p> <p>20 A I was in college.</p> <p>21 Q In college? At ULM?</p> <p>22 A Yes.</p> <p>23 Q And after you got your B.S. in radiology, what did</p> <p>24 you do?</p> <p>25 A I worked at St. Francis Medical Center in Monroe</p>
<p>1 INDEX OF EXHIBITS</p> <p>2 Exhibit 1 Page 1 of MRI List ..... 12</p> <p>3 Exhibit 2 Page 2 of MRI List ..... 12</p> <p>4</p> <p>5 *****</p> <p>6</p> <p>7 STIPULATIONS</p> <p>8 This deposition is taken for use before the Medical</p> <p>9 Review Panel, pursuant to the Louisiana Code of Civil</p> <p>10 Procedure, and may be used for all purposes and in any manner</p> <p>11 consistent therewith. All objections except as to the form</p> <p>12 of the question and responsiveness of the answer are</p> <p>13 reserved.</p> <p>14</p> <p>15 *****</p> <p>16</p> <p>17 The witness, SHERI GARRETT BURNS, was advised of her</p> <p>18 right to read and sign this deposition, and she elected to</p> <p>19 exercise that right.</p> <p>20</p> <p>21 *****</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>		

2 (Pages 2 to 5)

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<p>1 create them?</p> <p>2 A I did help create, and they are reviewed by my</p> <p>3 radiologist that's over the department.</p> <p>4 Q Who is that?</p> <p>5 A Steve Pate.</p> <p>6 Q He's an M.D.?</p> <p>7 A Yes.</p> <p>8 Q P-A-Y-T-E?</p> <p>9 A P-A-T-E.</p> <p>10 Q How long has he been at North Louisiana Medical</p> <p>11 Center?</p> <p>12 A He was here prior to me.</p> <p>13 Q Prior to 1999?</p> <p>14 A Yes.</p> <p>15 Q That's a long time.</p> <p>16 A (Affirmative nod.)</p> <p>17 Q Okay. So you report to the assistant CEO, but</p> <p>18 Steve Pate is the M.D. --</p> <p>19 A He's the medical director of radiology.</p> <p>20 Q So he's the medical director?</p> <p>21 A Correct.</p> <p>22 Q And you're the director?</p> <p>23 A Yes.</p> <p>24 Q So as a medical director, what does he do?</p> <p>25 A He oversees. He approves our policies and</p>	<p>1 MR. BLANKENSHIP: Two pages.</p> <p>2 MS. WHITE: I can text it to her or e-mail it to</p> <p>3 her.</p> <p>4 MR. BLANKENSHIP: Sara is offering to e-mail it.</p> <p>5 She's going to take a picture of it real quick and</p> <p>6 e-mail it to you.</p> <p>7 MS. HOSKINS: Okay. Thank you.</p> <p>8 (OFF RECORD DISCUSSION.)</p> <p>9 MR. SHOENFELT: Okay. For the record, I'm going to</p> <p>10 mark this as "Exhibit 1."</p> <p>11 Q And I guess -- this is two pages. Correct?</p> <p>12 A Yes.</p> <p>13 MR. SHOENFELT: So I'll mark the second page as</p> <p>14 "Exhibit 2."</p> <p>15 Q So --</p> <p>16 MR. BLANKENSHIP: And for the record, the original</p> <p>17 of this document had actual patient names on it.</p> <p>18 We have redacted those names, but left everything</p> <p>19 else.</p> <p>20 Q Okay. Sheri -- Sheri? --</p> <p>21 A Yes.</p> <p>22 Q All right. -- tell me about this "Exhibit 1" and</p> <p>23 "2."</p> <p>24 A I just pulled a list of -- I pulled by the order</p> <p>25 service, EOP. It stands for emergency outpatient. So I</p>
<p>1 procedures, too. He looks at those yearly. He participates</p> <p>2 in our radiation safety meetings.</p> <p>3 Q So does the -- what's that? -- the Joint</p> <p>4 Commission, ACAH, do they require a medical director, M.D.,</p> <p>5 or do you know?</p> <p>6 A I'm not sure. I don't know if that's a true</p> <p>7 requirement. We've always had a medical director over the</p> <p>8 department.</p> <p>9 Q You said he looks at the policies periodically. Is</p> <p>10 that correct?</p> <p>11 A Yes.</p> <p>12 Q Okay. What did you review in preparation for your</p> <p>13 deposition?</p> <p>14 A I reviewed Dr. Taylor's --</p> <p>15 MR. BLANKENSHIP: Deposition.</p> <p>16 A -- deposition, and I pulled the list of MRIs that</p> <p>17 had been done in the emergency room.</p> <p>18 Q Where is that?</p> <p>19 A (Proffers document.)</p> <p>20 MR. SHOENFELT: For the record, we're --</p> <p>21 MR. BLANKENSHIP TO MS. HOSKINS: Maryann, I'm</p> <p>22 sorry. I didn't think about faxing this to you.</p> <p>23 Maybe we could take a short break and send it to</p> <p>24 you.</p> <p>25 MS. HOSKINS: Just tell me, how many pages is it?</p>	<p>1 pulled all MRIs that were ordered from the emergency room.</p> <p>2 Q So you're saying where it says "HSV"?</p> <p>3 A Yes.</p> <p>4 Q What does that stand for?</p> <p>5 MR. BLANKENSHIP: EOP. He's asking what --</p> <p>6 A The EOP is for emergency outpatient.</p> <p>7 Q Emergency outpatient? Okay. So explain this to</p> <p>8 me, what this means.</p> <p>9 A This is just MRIs that were ordered from the</p> <p>10 emergency room, and I did it by date range that's listed at</p> <p>11 the top.</p> <p>12 Q Okay. According to this, this was a computer</p> <p>13 printout?</p> <p>14 A Yes.</p> <p>15 Q Okay. Where is this kept? In the radiology</p> <p>16 department or --</p> <p>17 MR. BLANKENSHIP: The physical computer or --</p> <p>18 Q Yeah. The physical computer.</p> <p>19 A The computer? Yes.</p> <p>20 Q Okay. And I assume it's part of the hospital</p> <p>21 computer system?</p> <p>22 A Yes.</p> <p>23 Q And what is it under, if you wanted to pull this</p> <p>24 up?</p> <p>25 A The report name is Statistics by Procedure.</p>



<p style="text-align: right;">Page 14</p> <p>1 Q Statistics by Procedure? I see. And how did you 2 narrow it down to the emergency room? 3 A Because I picked just those orders that originated 4 from EOP, emergency outpatient. 5 Q Okay. What is an emergency outpatient? 6 A A patient that is registered in the emergency - 7 being seen in the emergency room. 8 Q So would these be patients who were never admitted 9 to the hospital? 10 A Some of these could be. 11 Q Do you know when these studies would have been 12 ordered and when they would have been performed? 13 A The order date and perform date is the start date 14 to the left. 15 Q Okay. Where it says "start date." Well, the first 16 one, for example, on "Exhibit 1" says, "12-10-15." Correct? 17 A Correct. 18 Q That's the start date. That's when it would have 19 been ordered? 20 A Ordered and done. 21 Q Well, how long would it have taken to have been 22 completed? Do you know? 23 A Would be within that day. I mean, I would have to 24 pull specific exams to - 25 Q So it is your testimony that these were ordered in</p>	<p style="text-align: right;">Page 16</p> <p>1 which could be that they started out in the emergency room 2 and went to the floor. So on that particular one, I don't 3 know for sure if the order started in the ER or if it was 4 after they were admitted. But if it doesn't have a room 5 number, they were strictly an emergency room patient. 6 (OFF RECORD DISCUSSION.) 7 Q I'm going to get you - this is the exhibit. 8 A Okay. 9 Q I'm going to get you to mark some stuff. So why 10 don't you write on the exhibit, where it says "EOP," just 11 write out "emergency room -" whatever that - 12 MR. BLANKENSHIP: Emergency outpatient. 13 Q Emergency outpatient. 14 A (Complies.) 15 Q Okay. Then, you said as far as, if we're looking 16 at this, it says the procedure, which would be - is that 17 "MR"? Is that an MRI? 18 A Yes, sir. 19 Q Okay. "MR" is MRI. Ankle - is that without 20 contrast? 21 A Correct. 22 Q Okay. And then, it says "12-10-15" at the top of 23 "Exhibit 1." That's the start date. That would be the date 24 they would take it or order it? 25 A (Affirmative nod.)</p>
<p style="text-align: right;">Page 15</p> <p>1 the emergency room. Correct? 2 A Correct. 3 Q Okay. How were they ordered? 4 A How were they ordered? 5 Q Yeah. I understand there is no button to order an 6 MRI. 7 A Well, the order is put into the computer system. 8 Q Order is put into computer. How do you put it in? 9 A You - 10 MR. BLANKENSHIP: He's asking how does a physician 11 put it in or order them? 12 A They go into HMS, pull up - I mean, do you want 13 step by step? 14 Q Yeah. I mean, there was some testimony earlier 15 about filling out some kind of outpatient sheet. 16 MR. BLANKENSHIP: Downtime form. 17 Q Downtime form. Is that what this is? 18 A Oh. Like, they do a written order, and then 19 somebody would take the written order and put it in the 20 computer. 21 Q Well, was that how these were done? Do you know? 22 A I don't know. 23 Q Okay. And all these are emergency room physicians, 24 Holly Kidd, - 25 A She is not. And that one has "106" beside it,</p>	<p style="text-align: right;">Page 17</p> <p>1 MR. BLANKENSHIP: Both. 2 A Both. 3 Q Both. Okay. Service, patient name was taken off. 4 Correct? 5 A Correct. 6 Q The patient number is there and it has an order, 7 order number and it says "300." Where would that order be? 8 A In the computer system. 9 Q In the computer system? 10 A And it's automatically assigned as orders are 11 entered, so that would have been the third order entered - 12 Q Oh, is that - 13 A - because it goes - it jumps by one hundred. 14 Q I see. Okay. For that day? 15 A For that visit. 16 Q For that visit for that patient? 17 A Correct. 18 Q What's "Location; Q/P"? Is that outpatient? 19 MR. BLANKENSHIP: I think it's O/P. 20 Q Is that outpatient? 21 A Outpatient. Correct. 22 Q Outpatient. And the ordering physician, and then 23 the family physician. Correct? 24 A Correct. 25 Q And what's the "ST tech"?</p>

5 (Pages 14 to 17)

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<p>1 A The "ST" is the status, and the "tech" is the x-ray</p> <p>2 tech that performed the exam.</p> <p>3 Q So what does "F" mean, status F?</p> <p>4 A Final.</p> <p>5 Q Final? What does that mean?</p> <p>6 A That there is a final report.</p> <p>7 Q The report was run. What does "R" mean?</p> <p>8 A Resulted? I'm not familiar with the "R."</p> <p>9 Q And then, "Exhibit 1" is -- why is that a different</p> <p>10 page than "Exhibit 2"? Is this just different dates?</p> <p>11 A It's a different time range.</p> <p>12 Q Okay. All right. So would I be correct in saying</p> <p>13 that, in the year 2013, these would -- "Exhibit 2" would have</p> <p>14 all of the MRIs that would have been ordered in the emergency</p> <p>15 room?</p> <p>16 A Yes.</p> <p>17 Q So these are MRIs of the brain, cervical spine,</p> <p>18 hip, and then an MRA of the head. Is that the same as an</p> <p>19 MRI?</p> <p>20 A Well, it's MR angiography. It's looking at the</p> <p>21 vessels themselves.</p> <p>22 Q And then, on "Exhibit 2" for 2013, which of those</p> <p>23 physicians are actually ER physicians?</p> <p>24 A All but Sheila Mariano, Derek Liston, --</p> <p>25 Q Why don't you put an "X" by those, the ones that</p>	<p>1 Q What is this "Procedure total; 5," and it says</p> <p>2 "inpatient"? What does that mean? I'm talking about</p> <p>3 "Exhibit 1."</p> <p>4 A Five of these converted from an ER patient to an</p> <p>5 inpatient.</p> <p>6 Q Okay. So the study could have been ordered in the</p> <p>7 emergency room, and then it would have been performed when</p> <p>8 the patient was admitted?</p> <p>9 A I can't really say positively from this. It could</p> <p>10 have ordered in the ER or it could have ordered after they</p> <p>11 were inpatient.</p> <p>12 Q Now, and then on "Exhibit 1," it says, "Procedure</p> <p>13 total inpatient, 4; outpatient, 9."</p> <p>14 MR. BLANKENSHIP: I'm sorry. Where are you?</p> <p>15 MR. SHOENFELT: I'm on "Exhibit 2."</p> <p>16 Q How do those numbers come up? I don't -- it says</p> <p>17 "Inpatient, 4; outpatient, 9; industrial, 0; total, 13," I</p> <p>18 guess, procedure total thirteen?</p> <p>19 MR. BLANKENSHIP: Oh, okay. I see.</p> <p>20 A Correct.</p> <p>21 Q Patient count would be three inpatient, and</p> <p>22 outpatient seven. Correct?</p> <p>23 A Correct.</p> <p>24 Q So do you have an explanation as to -- there's been</p> <p>25 some testimony that there is a button in the emergency room</p>
Page 19	Page 21
<p>1 are not ER?</p> <p>2 A -- and Holly Kidd. (Complies.) Oh, wait. Liston</p> <p>3 is.</p> <p>4 MR. BLANKENSHIP: I was going to say isn't Dr.</p> <p>5 Liston an ER physician?</p> <p>6 WITNESS: He is.</p> <p>7 MR. BLANKENSHIP: Once you're finished, say out</p> <p>8 loud which ones you've marked as not ER physicians.</p> <p>9 A Sheila Mariano and Holly Kidd.</p> <p>10 Q Okay. Now, as far as "Exhibit 1," would I be</p> <p>11 correct in saying that this list would contain every MRI that</p> <p>12 was performed or ordered in the emergency room for the year</p> <p>13 2014 at North Louisiana Medical Center?</p> <p>14 A Yes.</p> <p>15 Q Okay. So there's one at, like, April 28th, it</p> <p>16 looks like; one June 1st; one June 22nd; one August 21st; and</p> <p>17 one September 18th. Is that correct? The MRA was</p> <p>18 September --</p> <p>19 A 18th.</p> <p>20 Q -- 18th.</p> <p>21 A Correct.</p> <p>22 Q And then, will you mark on "Exhibit 1" all the</p> <p>23 physicians that are not ER physicians?</p> <p>24 A Okay. Holly Kidd, Mark Blackwelder, Reagan Bonin.</p> <p>25 That's all.</p>	<p>1 that you can order a CT and an x-ray, but there's not a</p> <p>2 button where you can order an MRI.</p> <p>3 MR. BLANKENSHIP: In the computer.</p> <p>4 Q In the computer.</p> <p>5 A Yes. I understand.</p> <p>6 Q Are you aware of that?</p> <p>7 A I have been made aware of that.</p> <p>8 Q When?</p> <p>9 A I don't remember exactly when.</p> <p>10 Q I mean, -- okay. Was that recently or, I mean,</p> <p>11 what --</p> <p>12 A Yes.</p> <p>13 Q Recently? You mean, like, in the last week?</p> <p>14 A Like, in the last month or so.</p> <p>15 Q Last month or so? Okay. When did that come up?</p> <p>16 A Maybe when I was reviewing --</p> <p>17 MR. BLANKENSHIP: Dr. Taylor's?</p> <p>18 A -- Dr. Taylor's deposition.</p> <p>19 Q I mean, how did that -- how did you get that</p> <p>20 information? He doesn't say it in the deposition.</p> <p>21 A It said that there was nothing -- he couldn't order</p> <p>22 it from within the ED documentation system.</p> <p>23 Q And that's the first time you were aware that there</p> <p>24 was not a button to order an MRI on the computer?</p> <p>25 A Correct.</p>

6 (Pages 18 to 21)

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1 MR. BLANKENSHIP: So we can be specific, the  
2 emergency department computer system.  
3 A The emergency.  
4 Q The emergency department.  
5 MR. BLANKENSHIP: Because there's a separate  
6 computer system --  
7 A Yes.  
8 Q Well, can you order an MRI anywhere in the hospital  
9 on the computer?  
10 A Yes.  
11 Q Why is there a difference in the ER and the  
12 hospital as to how you can order an MRI?  
13 A Apparently, the MRI was not set up on the ED  
14 system.  
15 Q Okay. So it's set up everywhere except for in the  
16 emergency room, -- is that correct? -- as far as your  
17 knowledge?  
18 MR. BLANKENSHIP: As a computer button.  
19 Q As a computer button.  
20 A As a computer button? Apparently so.  
21 Q Apparently so? And what is the reason for that?  
22 What is the reason that the MRI is set up on the computer to  
23 order in every place in the hospital except for the ER?  
24 A I don't know.  
25 Q Did you discuss it with anyone?

Page 23

1 A I have not.  
2 Q I mean, you seem to hesitate. Did you get some  
3 information on it or --  
4 A Well, I mean, I just didn't -- I didn't realize  
5 that it wasn't set up in there.  
6 MR. BLANKENSHIP: And maybe she's hesitating  
7 because she discussed it with counsel.  
8 Q Did you discuss it with anyone other than counsel?  
9 A No.  
10 MR. BLANKENSHIP TO MS. HOSKINS: Maryann, did you  
11 get it?  
12 MS. HOSKINS: Yes, sir. Thank you.  
13 MR. BLANKENSHIP: Okay.  
14 Q Now, have you been involved at any time personally  
15 with any patients who have -- where an MRI has been ordered  
16 in the emergency room and the patient has been taken directly  
17 to the diagnostic center to have the MRI run from the  
18 emergency room at North Louisiana Medical Center?  
19 A Say that one more time. I didn't under- --  
20 MR. BLANKENSHIP: I'm going to object to the form.  
21 She may not understand what you mean "involved  
22 personally."  
23 Q Okay. I mean, do you have any -- I mean, you ran  
24 this "Exhibit 1" and "2." Correct?  
25 A Correct.

Page 24

1 Q Were you involved in any of these --  
2 A Not directly.  
3 Q I mean, do you remember any of them?  
4 A Not specifically, no.  
5 Q Do you remember specifically any time to your  
6 knowledge that an ER physician ordered an -- was able to  
7 order an MRI while in the emergency room, had the patient  
8 taken directly over to the MRI machine at North Louisiana  
9 Medical Center and had the MRI run?  
10 A Am I aware of --  
11 Q Yes.  
12 A Yes.  
13 MR. BLANKENSHIP: Are you aware of that happening?  
14 A Yes.  
15 Q Okay. In that instance, are there any written  
16 procedures or anything written down as to who should take the  
17 patient over there, how the MRI should be facilitated in any  
18 way?  
19 A No.  
20 Q As the director of the radiology department, how do  
21 you feel that should be effectuated when that order is made  
22 in the emergency room?  
23 A I don't understand.  
24 MR. BLANKENSHIP: Are you asking physically how it  
25 happens?

Page 25

1 Q Yeah. I mean, who -- you're saying the order can't  
2 be put in the computer. Correct?  
3 MR. BLANKENSHIP: In the emergency room.  
4 A Oh, it is put in the computer.  
5 Q It's put in the computer by how if there is no  
6 button in the emergency room?  
7 A They go into the other computer system and put it  
8 in.  
9 Q Who is "they"?  
10 A I can't say for sure who is actually putting it in.  
11 Q Okay. I mean, you don't know who would put it in.  
12 The doctor couldn't put it in, or could he?  
13 A I know they do now.  
14 Q Well, when did that start?  
15 A I don't know when it started, but --  
16 Q Well, when did you become aware? You said now you  
17 are aware. When did you become aware?  
18 A Again, from when I was reading his, he said that he  
19 can now put it in, that he used to have to write it.  
20 Q Well, was there a change made at some point in time  
21 that you are aware of?  
22 A Not that I'm aware of, no.  
23 Q Okay. So I'm trying to figure out, like, for these  
24 exhibits, how these patients -- who took these patients over  
25 to radiology and had the test run?

7 (Pages 22 to 25)

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1 A My technologists go to the emergency room and get  
2 the patients and bring them back.  
3 Q Okay. And you are aware of that happening before?  
4 A Yes.  
5 Q So if Jordan Scott on August 19th, 2014 was denied  
6 an MRI based on any reason, including financial, that would  
7 not have -- that would have been different treatment than  
8 other patients had received?  
9 MR. BLANKENSHIP: Object to the form.  
10 A Can you repeat that again?  
11 Q Yeah. You read Dr. Taylor's deposition. Correct?  
12 A Correct.  
13 Q Okay. Assuming that Jordan Scott was denied an MRI  
14 being run in the emergency room at 9:07, that would have been  
15 different from the way other patients have been treated at  
16 North Louisiana Medical Center. Would that be correct?  
17 MR. BLANKENSHIP: Same objection.  
18 A To my knowledge, it was not denied.  
19 Q I understand that. But I'm just saying, assuming  
20 that what Dr. Taylor said to be true, she would have been  
21 treated differently than other patients at North Louisiana  
22 Medical Center. Correct?  
23 MR. BLANKENSHIP: Same objection. (To witness):  
24 You can answer, if you can.  
25 A I really don't know how to answer that.

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1 Q I'm just -- assuming that what Dr. Taylor --  
2 assuming. Okay? I can ask you, assuming that Dr. Taylor,  
3 what he said was true, that she was denied or maybe his  
4 request for an MRI because of money oriented or financial  
5 reasons, that would have been different than other patients  
6 who have been treated at North Louisiana Medical Center?  
7 MR. BLANKENSHIP: Same objection.  
8 A We don't even know financial stuff in radiology. I  
9 mean, we have an order from a physician. They've got an  
10 armband that they are registered, and we do what's on the  
11 order. I mean, we don't even know financial stuff on a  
12 patient.  
13 Q I understand. But I'm just asking you --  
14 MR. SHOENFELT TO COURT REPORTER: Can you read the  
15 question back?  
16 COURT REPORTER: I can play it back for you.  
17 MR. SHOENFELT: Play it back.  
18 Q In other words, you can respond to the question.  
19 Okay?  
20 A Okay.  
21 MR. BLANKENSHIP: If you know the answer.  
22 (OFF RECORD DISCUSSION.)  
23 Q I'm going to ask it again. I want you to listen to  
24 me, -- okay? --  
25 A Okay.

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1 Q -- and try to answer the question, if you can. I  
2 said, assuming what Dr. Taylor said in his deposition was  
3 true, that Jordan Scott was denied an MRI in the emergency  
4 room because of financial reasons, that would be different  
5 than any other patient you know that's been treated at North  
6 Louisiana Medical Center. You would agree with that?  
7 MR. BLANKENSHIP: Object --  
8 MS. HOSKINS: Object to the form. I don't think  
9 that's exactly what Dr. Taylor said.  
10 MR. BLANKENSHIP: And I join in the objection. (To  
11 witness): But you can answer, Sheri, if you can.  
12 A That would be different.  
13 Q I mean, in other words, you are telling me that you  
14 never know -- that you know of no requisite of a patient to  
15 show any kind of financial ability to pay before an MRI is  
16 run from -- ordered from the emergency room and run at North  
17 Louisiana Medical Center?  
18 A No.  
19 Q You don't know of any. Correct?  
20 A Correct.  
21 Q Okay. So am I correct that you have no knowledge  
22 of any necessity for a patient to be admitted before an MRI  
23 or something can be ordered in the emergency room?  
24 A No.  
25 MS. HOSKINS: Pardon me. I didn't hear the answer.

Page 29

1 MR. BLANKENSHIP: "No," she said.  
2 A No.  
3 Q I take it no one has ever discussed that with you  
4 at any point in time? No one from the hospital has ever  
5 discussed with you that you need to get insurance  
6 verification or some kind of ability to pay before a  
7 diagnostic study can be run?  
8 A No.  
9 Q So, I mean, are you telling me that, if a patient  
10 had an appointment to come get this study run, you don't  
11 verify it with insurance?  
12 A Not personally. That happens in the business  
13 office in admissions. They don't get to me if all that is  
14 not taken care of, whatever --  
15 Q Well, how do you know that? You just testified you  
16 didn't know anything about the financial ability to pay.  
17 A Well, I don't personally. I know that -- how I  
18 know is, occasionally we have had somebody on the schedule  
19 that we don't do because of whatever reason, you know,  
20 something in the business office.  
21 Q Oh, really?  
22 A It might be rescheduled, you know, if they weren't  
23 precerted, but we have nothing to do with that process.  
24 Q But you are aware of that. I mean, you --  
25 MR. BLANKENSHIP: Let her finish her answer.

8 (Pages 26 to 29)  
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Page 30	Page 32
<p>1 Q Go ahead.</p> <p>2 A I have nothing to do with that.</p> <p>3 Q That's not my --</p> <p>4 A I don't check it. I don't know about it.</p> <p>5 Q Well, your testimony is you were unaware of any</p> <p>6 kind of financial status of the patient, and now you are</p> <p>7 testifying you are aware that patients have been denied</p> <p>8 coverage if they are not precertified, -- is that correct? --</p> <p>9 or denied --</p> <p>10 MR. BLANKENSHIP: Object to the form.</p> <p>11 Q -- denied having the test done if they are not</p> <p>12 precertified?</p> <p>13 MR. BLANKENSHIP: Object to the form. That's not</p> <p>14 what she said.</p> <p>15 A I have no knowledge of their financial status when</p> <p>16 a patient comes to my department.</p> <p>17 Q But you are assuming that they've been precertified</p> <p>18 by the business office. Correct?</p> <p>19 A Yes, because I know that does take place. I just</p> <p>20 have nothing --</p> <p>21 Q You just know it takes place, but you don't know</p> <p>22 anything about it?</p> <p>23 A Correct.</p> <p>24 Q So what else do you know that you don't know</p> <p>25 anything about as far as they have to do -- what? -- get</p>	<p>1 patients at North Louisiana Medical Center?</p> <p>2 A Yes.</p> <p>3 Q To your knowledge, has anybody not been</p> <p>4 precertified that got an MRI at North Louisiana Medical</p> <p>5 Center?</p> <p>6 MR. BLANKENSHIP: Object to the form.</p> <p>7 A I have no knowledge.</p> <p>8 Q You have no knowledge one way or the other?</p> <p>9 A No, sir.</p> <p>10 Q You don't know if what happened with "Exhibit 1" or</p> <p>11 "Exhibit 2," if these patients who got these MRIs from the ER</p> <p>12 may have been precertified. Correct?</p> <p>13 A I have no idea.</p> <p>14 Q But you were assuming they all had been</p> <p>15 precertified. Correct?</p> <p>16 MR. BLANKENSHIP: Object to the form.</p> <p>17 A I don't know. I don't know their status as far as</p> <p>18 insurance or --</p> <p>19 MR. BLANKENSHIP: She's said that six or seven</p> <p>20 times.</p> <p>21 Q And how hands-on are you as far as, if an order</p> <p>22 comes through and you're saying a patient is in the ER that,</p> <p>23 according to your supervision, then radiology should come</p> <p>24 over and get the patient and take them directly to the</p> <p>25 diagnostic center. Is that correct?</p>
Page 31	Page 33
<p>1 precertified or --</p> <p>2 MR. BLANKENSHIP: Object to the form. (To</p> <p>3 witness): You can answer.</p> <p>4 A Most MRIs have to be precertified on an</p> <p>5 outpatient --</p> <p>6 Q Most of them?</p> <p>7 A I assume. Like I said, I don't -- I'm not involved</p> <p>8 in that process.</p> <p>9 Q So they may need to be precertified if they are in</p> <p>10 the ER. You don't really know, do you?</p> <p>11 A I don't think so in ER. I really don't know.</p> <p>12 Q You really don't know?</p> <p>13 A I don't know.</p> <p>14 Q Okay. I mean, there is a financial registration</p> <p>15 portion at the emergency room. You're aware of that?</p> <p>16 A I'm sure there is at some point.</p> <p>17 Q No one has ever talked to you about, "We want to</p> <p>18 make sure that these patients are certified so we can make</p> <p>19 sure that we get reimbursed for these MRIs"?</p> <p>20 A I've never had that conversation.</p> <p>21 Q Never had that? That would come from the business</p> <p>22 office?</p> <p>23 A Yes.</p> <p>24 Q Now, you said there were cases where people had to</p> <p>25 reschedule when they didn't get precertified, -- correct? --</p>	<p>1 A Correct.</p> <p>2 Q And you've seen that happen before?</p> <p>3 A Yes.</p> <p>4 Q And my question to you would be why didn't that</p> <p>5 happen on August 19th, 2014, when Dr. Taylor ordered an MRI</p> <p>6 for Jordan Scott?</p> <p>7 MR. BLANKENSHIP: Object to the form.</p> <p>8 Q Meaning, why didn't someone from radiology come</p> <p>9 over and take her immediately to get the MRI?</p> <p>10 A To my knowledge, as soon as we received the order,</p> <p>11 she was brought to MRI.</p> <p>12 Q Okay. Well, an order was made -- a written order</p> <p>13 was made at 12:35 and she wasn't in MRI until after 3</p> <p>14 o'clock. How do you explain that?</p> <p>15 MR. BLANKENSHIP: I don't think that's correct. I</p> <p>16 object to the form. It's, like, 2:30 or 2:40,</p> <p>17 something like that. It's in the record. Whatever</p> <p>18 the record says.</p> <p>19 Q It says to x-ray at 12: --</p> <p>20 MR. BLANKENSHIP: Those are different. That was</p> <p>21 the chest and the neck x-rays.</p> <p>22 Q Okay. Did you review the medical record?</p> <p>23 A I have not looked at the medical record.</p> <p>24 Q Is there any -- you just pulled up these charts.</p> <p>25 Correct?</p>

Page 38	Page 40
<p>1 believe. "Is she a health care provider?" "She's radiology 2 department manager." "I mean, but does she -- " "I'm sure 3 she -- I'm sure she probably has a history of rad tech. I 4 don't know for sure." "And she told you at 11:00 that the 5 reason you couldn't get the MRI was because of financial 6 issues?" "The reason we can't do it in the emergency -- why 7 they don't do them out of the emergency room." "You don't 8 recall any of that?" 9 A No, sir. 10 Q You don't have any knowledge of any financial 11 issues of getting MRIs out of the emergency room? 12 A No. 13 Q And you don't know why there's not an order button 14 in the emergency room for MRIs? 15 MR. BLANKENSHIP: In the emergency room computer 16 system? 17 Q In the emergency room computer. 18 A No. 19 Q I mean, can you think of any reason from a physical 20 or physiological point of view why a button couldn't be in 21 the emergency room for an MRI order? 22 A No. 23 Q Page 27, Dr. Taylor says, referring to another 24 instance, "The only other time that I tried to order an MRI 25 since that time, there was a female with headaches and visual</p>	<p>1 Q Never? Never come up. 2 A (Negative nod.) 3 Q Is that correct? 4 A Correct. 5 Q You never talked to Dr. Wood about it, about that 6 issue. Is that correct? 7 A No. That's correct. 8 Q Dr. Blair? 9 A No. 10 Q Do you know Dr. Blair? 11 A Yes. 12 Q You did see Dr. Blair there on August 19th, 2014. 13 Correct? 14 A Yes. He was physically in the department. 15 Q Was any other physician physically in the 16 department to your recollection? 17 A Not to my -- well, the radiologist was. 18 Q Did you go in and look at the MRI that was run on 19 Jordan Scott? 20 A I did. 21 Q What did you see? 22 A I'm not an MRI technologist, so I don't really -- I 23 can't interpret MRIs, but -- 24 Q Okay. Well, tell me what you recall the 25 conversation -- any conversations that took place in the</p>
Page 39	Page 41
<p>1 problems that had multiple negative CTs of her head that was 2 seen. I can't give you an age, nine-year-old or ten-year-old 3 or something like that, that was seeing a neuro 4 ophthalmologist in Shreveport and he had an order, an MRI 5 that was being done, scheduled for outpatient at 1:30 that 6 day, and her and her mother checked in because her headache 7 got worse. That physician called the hospital and wanted to 8 go ahead and do the MRI. On that particular one, I actually 9 talked to Sheri about that one because she was already 10 scheduled and stuff like that. The MRI was done." "You don't 11 recall that?" 12 A I don't recall that, no. 13 Q Well, are you saying that might have occurred, 14 didn't occur or you just don't recall? 15 MR. BLANKENSHIP: Object to the form. She already 16 answered. 17 A I don't recall it. 18 Q Have you ever received any electronic mail of any 19 type concerning whether MRIs can be run -- or ordered from 20 the emergency room at North Louisiana Medical Center? 21 MR. BLANKENSHIP: Object to the form. I think he's 22 talking about e-mails. 23 Q I'm talking about anything, e-mails, something 24 faxed, anything, any information. 25 A No.</p>	<p>1 radiology department concerning Jordan Scott between anybody. 2 A Well, the conversations were that, "We need to get 3 her out of here." 4 Q And that was between the radiologist and Dr. Blair. 5 Is that correct? 6 A Correct. 7 Q Anyone else? 8 A Not to my knowledge, no. 9 Q Okay. Dr. Taylor, page 21. I think this is the 10 second -- the telephone deposition. "Your next action to get 11 the MRI was to call Sheri?" Answer: "I walked over there." 12 "You walked over there and talked to her in person?" Dr. 13 Taylor: "I walked to her office, right. She was actually 14 out in the hallway." "Again, specifically, did you tell 15 Sheri at that time?" Answer: "Do I need to get an MRI?" 16 Question: "Did you tell her it was emergent?" "I need an 17 MRI in the emergency department." Question: "Did you tell 18 her?" "Did I use the word 'emergent'?" He says, "Yeah. I 19 did not use the word 'emergent.'" "Did you tell her 20 specifically what the nature of Jordan's neurological deficit 21 was?" Answer: "Yeah. It was something with her spine." Do 22 you recall any of that conversation? 23 A I do not. Do not recall speaking with him at all. 24 Q "What did she say?" Answer: "We don't do 25 emergencies. We can't do MRIs in the emergency department</p>

<p style="text-align: right;">Page 42</p> <p>1 through the emergency department." You deny that</p> <p>2 conversation?</p> <p>3 A Yes. I deny that.</p> <p>4 Q But if that's true, Jordan Scott would have been</p> <p>5 treated different than any other patient you've ever known</p> <p>6 that would need an MRI at North Louisiana Medical Center.</p> <p>7 Correct?</p> <p>8 MR. BLANKENSHIP: Object to the form. (To</p> <p>9 witness): You can answer.</p> <p>10 A If she had been denied, that would be different.</p> <p>11 Yes.</p> <p>12 Q And you weren't aware of Dr. Taylor trying to talk</p> <p>13 to Brady on August 19th, 2014?</p> <p>14 A I am not aware.</p> <p>15 Q Did you see Brady on August 19th, 2014?</p> <p>16 A I do not remember.</p> <p>17 Q Did you ever talk to him about the care Jordan</p> <p>18 Scott received?</p> <p>19 A No, sir.</p> <p>20 Q Did you make any kind of -- did you give any kind</p> <p>21 of statements to anyone about anything that happened</p> <p>22 regarding Jordan Scott on August 19th, 2014?</p> <p>23 A No.</p> <p>24 Q And the first time that -- when is the first time</p> <p>25 you were aware there was a complaint filed or a lawsuit had</p>	<p style="text-align: right;">Page 44</p> <p>1 Q Page 18 of the 2016 record, there's a doctor's</p> <p>2 order for an MRI.</p> <p>3 MR. BLANKENSHIP: For Jordan Scott.</p> <p>4 Q How would that order in the emergency department</p> <p>5 get into the computer?</p> <p>6 A The nurse, M. Rhodes, put it in at 1430.</p> <p>7 MR. BLANKENSHIP: That was after she was on the</p> <p>8 floor.</p> <p>9 Q So why would that happen, if the order is at 12:35,</p> <p>10 but it's not put in until two hours later?</p> <p>11 A I'm assuming it's, whenever the patient gets to the</p> <p>12 floor, they put the inpatient orders in.</p> <p>13 Q So that's an inpatient order, in your opinion?</p> <p>14 A It's what it appears, yes, observation to peds for</p> <p>15 Dr. Wood, admission orders, --</p> <p>16 MR. BLANKENSHIP: It says "admission orders" on the</p> <p>17 bottom.</p> <p>18 Q Okay. Page 23, this is a chest x-ray. Can you</p> <p>19 tell me what time that was taken?</p> <p>20 MR. SHOENFELT: For the record, it's Jordan Scott's</p> <p>21 chest x-ray.</p> <p>22 MR. BLANKENSHIP: It's page 23, I would assume, of</p> <p>23 one of the versions, the 20- --</p> <p>24 MR. SHOENFELT: The 2016 record. That's what I'm</p> <p>25 using now.</p>
<p style="text-align: right;">Page 43</p> <p>1 been brought?</p> <p>2 A It was when I spoke with you (indicating Mr.</p> <p>3 Blankenship).</p> <p>4 Q That was just recently?</p> <p>5 MR. BLANKENSHIP: "You," being counsel, she means.</p> <p>6 A Counsel.</p> <p>7 Q You mean just recently?</p> <p>8 A Yes.</p> <p>9 Q Did you ever talk with -- were you called to give</p> <p>10 any kind of testimony of any nature in any hospital review</p> <p>11 committees or anything of that nature?</p> <p>12 A No.</p> <p>13 Q Did you ever talk to Sandy Goss about this?</p> <p>14 A No.</p> <p>15 Q Who do you deal with in the business office</p> <p>16 regarding precertification for diagnostic studies?</p> <p>17 A I do not deal with anyone.</p> <p>18 Q I mean, how do you know -- you don't have any idea</p> <p>19 if the patient has been precertified or not?</p> <p>20 A No.</p> <p>21 Q There's nothing in the computer to say that?</p> <p>22 A I don't know.</p> <p>23 Q Let's see. Let me get the right record here. Were</p> <p>24 you involved in the patient being transferred at all?</p> <p>25 A No, sir.</p>	<p style="text-align: right;">Page 45</p> <p>1 MR. BLANKENSHIP: The 2016.</p> <p>2 A The order date and time is 8-19 at 7:48 a.m. This</p> <p>3 does not show the exact time the x-ray was taken on this</p> <p>4 report.</p> <p>5 Q Is there something --</p> <p>6 A It was dictated at 8:49 a.m., so it was between</p> <p>7 those times.</p> <p>8 Q Okay. So would someone have taken Jordan Scott</p> <p>9 over to x-ray?</p> <p>10 A This was a single view chest, so -- it says</p> <p>11 "portable." They went to the emergency department and took</p> <p>12 the x-ray --</p> <p>13 Q So someone actually went from the --</p> <p>14 A -- with a portable unit.</p> <p>15 Q -- radiology department to take the x-ray at</p> <p>16 9 o'clock that morning. Correct?</p> <p>17 A It would have been before 9 o'clock because it was</p> <p>18 dictated at 8:49, so --</p> <p>19 Q Was it dictated on August 19th?</p> <p>20 A Yes. At the very bottom.</p> <p>21 Q Okay. So how would that -- that order would have</p> <p>22 got in the computer, put in the computer by the nurse --</p> <p>23 correct? -- in the ER?</p> <p>24 A I don't know who put it in.</p> <p>25 Q But they would have gone over there to do a</p>

12 (Pages 42 to 45)

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Page 1

STATE OF LOUISIANA  
PATIENT COMPENSATION FUND  
MEDICAL REVIEW PANEL PROCEEDING

\* \* \* \* \*

GREGORY SCOTT AND MICHELLE  
SCOTT, INDIVIDUALLY AND ON  
BEHALF OF THE MINOR, JORDAN  
SCOTT, AS THE PARENTS AND  
TUTORS OF JORDAN SCOTT

VERSUS

PCF NO. 2015-00923

JACOB WOOD, M.D.,  
THE GREEN CLINIC,  
NORTHERN LOUISIANA MEDICAL CENTER  
AND JAMES TAYLOR, M.D.

\* \* \* \* \*

DEPOSITION OF  
SANDRA THORNHILL GOSS

May 12, 2016

(commencing at 9:05 a.m.)

\* \* \* \* \*

Taken at:

Northern Louisiana Medical Center  
401 East Vaughn Avenue  
Ruston, Louisiana 71270

\* \* \* \* \*

Reported By:

WANDA J. EADY  
CERTIFIED COURT REPORTER  
CERTIFICATE NO. 87255  
PARISH OF OUACHITA  
STATE OF LOUISIANA

b01c



Exhibit "1"

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 FOR GREGORY SCOTT AND MICHELLE SCOTT, INDIVIDUALLY AND ON BEHALF OF THE MINOR, JORDAN SCOTT, AS THE PARENTS AND TUTORS OF JORDAN SCOTT:</p> <p>4 OSCAR L. SHOENFELT, III ATTORNEY-AT-LAW 2109 Perkins Road Baton Rouge, Louisiana 70808</p> <p>5</p> <p>6</p> <p>7</p> <p>8 FOR NORTHERN LOUISIANA MEDICAL CENTER:</p> <p>9</p> <p>10 BLUE WILLIAMS 3421 North Causeway Boulevard, No. 900 Metairie, Louisiana 70002 appearing herein by and through Mr. Kurt S. Blankenship</p> <p>11</p> <p>12</p> <p>13</p> <p>14 FOR JACOB M. WOOD, M.D.: HUDSON, POTTS &amp; BERNSTEIN Post Office Drawer 3008 Monroe, Louisiana 71210-3008 appearing herein by and through Ms. Sara White on behalf of Mr. Gordon L. James</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19 VIA</p> <p>20 TELEPHONE: FOR JAMES PATRICK TAYLOR, M.D.:</p> <p>21</p> <p>22 DEGAN, BLANCHARD &amp; NASH 400 Poydras Street, Suite 2600 New Orleans, Louisiana 70130 appearing herein by and through Ms. Maryann Hoskins</p> <p>23</p> <p>24 ALSO PRESENT: Gregory Scott Susan White, Risk Manager</p> <p>25 *****</p>	<p style="text-align: right;">Page 4</p> <p>1 SANDRA THORNHILL GOSS, being first duly sworn, testified</p> <p>2 as follows:</p> <p>3 EXAMINATION BY MR. SHOENFELT:</p> <p>4 Q Would you please state your full name for the</p> <p>5 record?</p> <p>6 A Certainly. It's Sandra Thornhill Goss.</p> <p>7 MR. SHOENFELT: Ms. Goss, my name is Oscar</p> <p>8 Shoenfelt. I'm here today to ask you some</p> <p>9 questions. This is a deposition. Have you ever</p> <p>10 taken a deposition?</p> <p>11 WITNESS: No, sir.</p> <p>12 MR. SHOENFELT: Well, your attorney is going to</p> <p>13 advise you can read and sign after. I'm going to</p> <p>14 ask you a series of questions. If you don't</p> <p>15 understand any question, just ask me to repeat it</p> <p>16 and I'll be happy to do so. You understand that?</p> <p>17 WITNESS: I understand.</p> <p>18 Q Can you give me your address, please?</p> <p>19 A Yes. It's 106 Winwood Avenue, and that's here in</p> <p>20 Ruston.</p> <p>21 Q That's your residence. Is that correct?</p> <p>22 A That's correct.</p> <p>23 Q And you are, as I can tell by looking at your tag</p> <p>24 there, <u>Director of Emergency Services for North Louisiana</u></p> <p>25 <u>Medical Center.</u> Is that correct?</p>
<p style="text-align: right;">Page 3</p> <p>1 INDEX OF EXHIBITS</p> <p>2 Exhibit 1 Drawing.....26</p> <p>3 Exhibit 2 Triage Assessment Recording.....56</p> <p>4</p> <p>5 *****</p> <p>6</p> <p>7 STIPULATIONS</p> <p>8 This deposition is taken for use before the Medical</p> <p>9 Review Panel, pursuant to the Louisiana Code of Civil</p> <p>10 Procedure, and may be used for all purposes and in any manner</p> <p>11 consistent therewith. All objections except as to the form</p> <p>12 of the question and responsiveness of the answer are</p> <p>13 reserved.</p> <p>14</p> <p>15 *****</p> <p>16</p> <p>17 The witness, SANDRA THORNHILL GOSS, was advised of her</p> <p>18 right to read and sign this deposition, and she elected to</p> <p>19 exercise that right.</p> <p>20</p> <p>21 *****</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1 A Yes, sir.</p> <p>2 Q Tell me what that encompasses.</p> <p>3 A As the director, I am responsible for overseeing</p> <p>4 the day-to-day operations of the emergency room.</p> <p>5 Q And when you say "day-to-day operations," what does</p> <p>6 that mean exactly?</p> <p>7 A Staffing, budget, meetings.</p> <p>8 Q Who is your immediate superior?</p> <p>9 A The CNO, which is Ronnie Erson.</p> <p>10 Q Did you say he was the C --</p> <p>11 A CNO.</p> <p>12 Q What does "CNO" mean?</p> <p>13 A The Chief Nursing Officer.</p> <p>14 Q Is he a nurse?</p> <p>15 A He is.</p> <p>16 Q And who does he report to?</p> <p>17 A He reports to the CEO, which is Roy Finch.</p> <p>18 Q And how long has Mr. Finch been there -- or been</p> <p>19 here?</p> <p>20 A Just a few months.</p> <p>21 Q Okay. Who was his predecessor?</p> <p>22 A Brady Dubois.</p> <p>23 Q So it's Brady Dubois, and then Ronnie, and then</p> <p>24 you. Correct?</p> <p>25 A Correct. Now, Ronnie wasn't here at that time.</p>

2 (Pages 2 to 5)

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<p style="text-align: right;">Page 14</p> <p>1 policies?</p> <p>2 A Yes, sir.</p> <p>3 Q So when did Mr. -- is his name Dubois?</p> <p>4 A Dubois. Uh-huh (yes).</p> <p>5 Q Dubois?</p> <p>6 A Dubois.</p> <p>7 MR. BLANKENSHIP: Dubois.</p> <p>8 Q Dubois? When did Mr. Dubois begin to work at --</p> <p>9 A I don't --</p> <p>10 Q -- North Louisiana Medical Center?</p> <p>11 A I don't recall that.</p> <p>12 Q Okay. Well, was he there when you were in the</p> <p>13 education department?</p> <p>14 A No, sir.</p> <p>15 Q All right. So did he come while you were Director</p> <p>16 of Emergency Services?</p> <p>17 A I don't remember.</p> <p>18 Q You just know it was sometime -- you were in</p> <p>19 education up until 2009, so it was sometime after 2009?</p> <p>20 A I don't remember.</p> <p>21 Q Did you ever have a meeting with him?</p> <p>22 A Well, yes. I've met with him.</p> <p>23 Q I mean, your immediate boss was who again?</p> <p>24 A The CNO.</p> <p>25 Q The CNO?</p>	<p style="text-align: right;">Page 16</p> <p>1 A March the 1st of '16.</p> <p>2 Q Okay. So that was the second copy that was</p> <p>3 presented. Did you ever look at any records prior to those</p> <p>4 records --</p> <p>5 A No, sir.</p> <p>6 Q -- regarding this case?</p> <p>7 A No, sir.</p> <p>8 Q All right. So the only thing that you've reviewed</p> <p>9 in preparation for your deposition would be the emergency</p> <p>10 room record from August 19th, 2014?</p> <p>11 A If that's the date on the record, yes. I don't</p> <p>12 remember the date. Yes. It looks like August the 19th.</p> <p>13 Q Well, this case involves Jordan Scott. You are</p> <p>14 familiar with the case, I'm assuming?</p> <p>15 A Yes, sir.</p> <p>16 Q So what do you have besides the record there?</p> <p>17 A I have the policies.</p> <p>18 MR. BLANKENSHIP: The ones you requested.</p> <p>19 Q The ones I requested?</p> <p>20 A Yes, sir.</p> <p>21 Q All right. Are there any policies particular to</p> <p>22 the emergency room that you are aware of as to the ordering</p> <p>23 of diagnostic studies in the emergency room?</p> <p>24 MR. BLANKENSHIP: Any diagnostic studies?</p> <p>25 MR. SHOENFELT: Yes.</p>
<p style="text-align: right;">Page 15</p> <p>1 A Uh-huh (yes).</p> <p>2 Q Okay. You never had any kind of written materials</p> <p>3 as to the policies that you were to enforce in the emergency</p> <p>4 room other than just the regular ER policies?</p> <p>5 A Correct.</p> <p>6 MR. BLANKENSHIP: I'm going to object to the form.</p> <p>7 (To witness): But you can answer.</p> <p>8 Q Did you receive e-mails from Mr. Dubois at any</p> <p>9 time?</p> <p>10 A Yes. I have --</p> <p>11 Q What have you reviewed in preparation for your</p> <p>12 deposition?</p> <p>13 A The medical record and the policies.</p> <p>14 Q Did you review the -- which medical record? The</p> <p>15 new one or the one that was presented earlier?</p> <p>16 MR. BLANKENSHIP TO WITNESS: If you know.</p> <p>17 A I don't know.</p> <p>18 Q Okay. Well, how many pages is the one that you</p> <p>19 reviewed?</p> <p>20 A Are they numbered?</p> <p>21 MR. BLANKENSHIP: They're not numbered at the</p> <p>22 bottom?</p> <p>23 A Do you want me to count them?</p> <p>24 Q Well, let me ask you what date is the</p> <p>25 certification?</p>	<p style="text-align: right;">Page 17</p> <p>1 A In the emergency room?</p> <p>2 Q Yeah. You're the director of the emergency room.</p> <p>3 A I do not have policies relating to that.</p> <p>4 Q There's no policies?</p> <p>5 A (Negative nod.)</p> <p>6 Q So there's no written policies as to the ordering</p> <p>7 of studies in the emergency room that you are aware of, --</p> <p>8 A Not that I'm aware of, no.</p> <p>9 Q -- particularly on August 19th, 2014. Is that</p> <p>10 correct?</p> <p>11 A That is correct.</p> <p>12 Q Were there -- the only thing you reviewed in</p> <p>13 preparation for this deposition were the emergency room</p> <p>14 records -- or the policies that I asked for specifically, and</p> <p>15 also the record. Is that correct?</p> <p>16 A That is correct.</p> <p>17 Q You didn't review anything else?</p> <p>18 A No, sir.</p> <p>19 Q Did you talk to anyone else?</p> <p>20 MR. BLANKENSHIP: Excuse me. (To witness): And</p> <p>21 you reviewed Dr. Taylor's deposition.</p> <p>22 A Oh, yes.</p> <p>23 Q You reviewed Dr. Taylor's deposition?</p> <p>24 A Yes. Yes.</p> <p>25 Q Anything else you reviewed?</p>

5 (Pages 14 to 17)

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1 an MRI in the emergency room and that the patient be taken  
2 directly to the MRI machine and have an MRI done at North  
3 Louisiana Medical Center?  
4 A I'm sorry. Can you repeat it? I --  
5 Q Do you know of any reason why a physician cannot  
6 order an MRI at the emergency room so that a patient who is  
7 neurologically impaired and timing is important could go  
8 directly to the MRI from the emergency room and have the  
9 study done while under the care of the emergency room  
10 physician at North Louisiana Medical Center?  
11 A I do not know.  
12 Q That issue has never arose since you have been  
13 Director of Emergency Services at North Louisiana Medical  
14 Center?  
15 MR. BLANKENSHIP: I'm going to object to the form.  
16 "Issue"? I'm not sure if she understands what you  
17 mean by that, but --  
18 Q Well, you do understand -- you read Dr. Taylor's  
19 deposition, didn't you?  
20 A Yes.  
21 Q Okay. He's saying that he wasn't allowed to order  
22 an MRI from the emergency room because the patient had to be  
23 admitted, and then cleared for insurance. Are you aware of  
24 any such policies?  
25 A No.

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1 MS. HOSKINS: Object to the form -- this is Maryann  
2 Hoskins -- just insofar as it characterizes Dr.  
3 Taylor's deposition testimony.  
4 MR. BLANKENSHIP TO WITNESS: Okay. I'm sorry. Did  
5 you answer?  
6 Q Well, let me ask you. Since you've been Director  
7 of Emergency Services at North Louisiana Medical Center, have  
8 physicians been able to order -- emergency room physicians  
9 been able to order MRIs in the emergency room and the patient  
10 be taken directly to the imaging center here to have those  
11 studies done?  
12 A Yes.  
13 Q Have you seen that happen?  
14 A I haven't seen it happen, but I know that it's  
15 happened. I mean, I know that they've ordered them.  
16 Q Well, how do you know that they've ordered them if  
17 you haven't --  
18 A I mean, I wasn't in the room. But I review records  
19 daily on different things, so I've seen MRIs being ordered.  
20 Q So you, as Director of Emergency Services, would  
21 agree that a physician should have the ability -- ER  
22 physicians should have the ability to order an MRI in the  
23 emergency room and have the patient taken directly over  
24 there, particularly if timing is important?  
25 A Yes.

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1 Q And you know of no other instance other than Jordan  
2 Scott where the ER physician has ordered an MRI, and then had  
3 to have the patient admitted in order to have the MRI  
4 performed?  
5 MR. BLANKENSHIP: Object to the form. (To  
6 witness): But you can answer.  
7 A I don't recall any other names, no.  
8 Q Was anything about whether she could get an MRI, --  
9 Jordan Scott get an MRI on August 19th, 2014, was that ever  
10 discussed by anyone with you --  
11 A No.  
12 Q -- on August 19th, 2014?  
13 A No, sir.  
14 Q So if Dr. -- assuming Dr. Taylor had come to you at  
15 9:07 a.m. and said, "I want to get an MRI immediately, this  
16 patient has neurological deficits; timing is important," what  
17 would you have done?  
18 A I would have went to my boss, and then up the chain  
19 of command.  
20 Q Up the chain of command? Why is that?  
21 A If he needed it done and he wasn't able to get it  
22 done, we would -- I would go outside to find somebody to talk  
23 to him.  
24 Q Well, couldn't you make it happen?  
25 A Absolutely not. I'm --

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1 Q Why?  
2 A Well, that -- I don't have the --  
3 MR. BLANKENSHIP: Let her finish her answer.  
4 MR. SHOENFELT: Okay.  
5 A I don't have the authority.  
6 Q You don't have the authority to do what?  
7 A To order a test. To make someone do a test. I  
8 don't have that authority.  
9 Q But Dr. Taylor was ordering -- assuming he was  
10 ordering the MRI, --  
11 A Okay.  
12 Q -- you don't have the facility or you don't have  
13 the authority as Director of Emergency Services to call  
14 radiology and say, "Hey, we need to get this test done as  
15 soon as possible; we've got a twelve-year-old girl here who  
16 is neurologically impaired; every second is important; we  
17 need to get the test done so we can see what the problem is?"  
18 You don't have that authority?  
19 MR. BLANKENSHIP: Object to the form. (To  
20 witness): But you can answer.  
21 A Yes. I could call radiology for that, yes.  
22 Q Okay. You do have that authority?  
23 A I can --  
24 MR. BLANKENSHIP: Object to the form. (To  
25 witness): You can answer.

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1 A I can call radiology and say that the doctor has  
2 requested or ordered this test.  
3 Q And have you ever done that?  
4 A Yes.  
5 Q Well, tell me about that instance. What happened  
6 in that particular case?  
7 A I don't know the name, but a patient came in that  
8 was needing an MRI of a hip, and the doctor ordered the MRI.  
9 And I called radiology and said that the physician had  
10 ordered the MRI.  
11 Q All right. What happened?  
12 A They did the MRI.  
13 Q What? They took him directly from the emergency  
14 room over to the radiology center and had the MRI done?  
15 A Yes, sir.  
16 Q And do you recall when that was?  
17 A Several --  
18 MR. BLANKENSHIP: Go ahead.  
19 A Several months ago. I don't know the exact date.  
20 No, sir.  
21 Q Several months ago?  
22 A Uh-huh (yes).  
23 Q Okay. It was not prior to August 19th, 2014. Is  
24 that correct?  
25 A No, sir.

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1 Q Prior to August 19th, 2014, had you ever done  
2 that? Had you ever had an ER physician want to order an MRI  
3 and had the patient taken directly over there?  
4 A Not that I --  
5 MR. BLANKENSHIP: I object to the form. (To  
6 witness): You can answer.  
7 A Not that I recall, no.  
8 Q To your knowledge, prior to August 19th, 2014, had  
9 any patient ever been in the emergency room at North  
10 Louisiana Medical Center and the ER physician ordered an MRI  
11 and the patient was taken directly over to the imaging center  
12 to have the MRI done?  
13 A I don't know.  
14 Q But your testimony is there was never an issue --  
15 was there ever an issue of that occurring before  
16 August 19th, 2014?  
17 MR. BLANKENSHIP: Object to the form. (To  
18 witness): But you can answer.  
19 A No. I mean, I don't know if there was an issue,  
20 no.  
21 Q You don't know of any issues?  
22 A No, sir.  
23 Q So you don't -- you are unaware of any ER physician  
24 ever ordering an MRI at North Louisiana Medical Center where  
25 the patient was taken directly from the ER to the imaging

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1 center prior to August 19th, 2014?  
2 A I don't know of any issues, no.  
3 Q But you don't know of it ever happening?  
4 A Correct. I don't know.  
5 Q Is there any reason for that?  
6 A Not to my knowledge, no.  
7 Q Does that seem unusual to you?  
8 MR. BLANKENSHIP: That she wouldn't know?  
9 Q No. I mean, that -- so you've never heard --  
10 you've never seen a patient taken directly from the ER over  
11 to imaging prior to August 19th, 2014?  
12 A Not that I recall, no.  
13 Q But you agree that the ER -- I mean, the physician  
14 should have that capability to make that order and have the  
15 patient taken directly over there?  
16 A If it's -- if that's what they order, yes, sir.  
17 Q Okay. Was there ever any discussions or any  
18 procedures or policies that you were ever aware of regarding  
19 the issue of ER physicians being able to order MRIs in the  
20 emergency room at North Louisiana Medical Center after  
21 August 19th, 2014?  
22 MR. BLANKENSHIP: Ever any discussions after  
23 August 19th?  
24 Q Anything. Any discussions, any e-mails, any memos.  
25 Anything that you are aware of where this was ever discussed

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1 with anyone in the ER or anyone at the hospital?  
2 A Not that I'm aware of, no.  
3 Q All right. So page 40 of Dr. Taylor's deposition  
4 he states, quote, "...I guess it was two days later that I  
5 wrote the addendum, I was asked to clarify because, by doing  
6 the admission, it looked like there was a time gap where  
7 nobody was doing anything and they wanted me to explain."  
8 "Who asked you to do it?" Answer: "The hospital."  
9 Question: "So the hospital was certainly aware of this  
10 problem?" Answer: "Sandy Goss asked me to clarify." "Who  
11 is Sandy Goss?" "She's the ED manager. Now, whether it came  
12 from quality department or whoever, I don't know." Do you  
13 deny that taking place, that conversation with Dr. Taylor?  
14 A No, I don't deny that.  
15 Q Why?  
16 A Because --  
17 WITNESS TO MR. BLANKENSHIP: Can I answer that?  
18 MR. BLANKENSHIP: Sure.  
19 A Because she came back to the emergency room and,  
20 when she comes from admission in the hospital back to our  
21 care, she falls back under Dr. Taylor. And so, there was no  
22 documentation from the time she came from MRI back into the  
23 emergency room to the time of dispo, or us transferring to  
24 LSU.  
25 Q Okay. Run that by me again.

<p style="text-align: right;">Page 54</p> <p>1 2014, had Jordan taken directly over there when he made  2 the -- or wanted to have the MRI done. Correct?  3 A Correct.  4 Q And do you have any idea, like, once he placed the  5 order in the record, why she couldn't be taken directly over  6 there?  7 A I don't know that answer.  8 Q Well, I think the order was actually placed in the  9 record after she was going to be admitted. Let's see. At  10 12:35 p.m. Do you know why, in a situation -- emergency  11 situation with a child with neurological deficits, why she  12 couldn't be taken directly to the imaging center at that  13 point in time?  14 MR. BLANKENSHIP: "At that point," being 12:35?  15 MR. SHOENFELT: Yes.  16 A These are admission orders, so it would have been  17 done when she was admitted to the hospital.  18 Q Okay. And you just think it's -- you think it's a  19 coincidence that Dr. Taylor went ahead and admitted her when  20 he ordered the MRI?  21 MR. BLANKENSHIP: Admit -- I mean, I'm going to  22 object to the form. (To witness): You can answer.  23 A I don't -- I don't know the reasoning behind Dr.  24 Taylor --  25 Q You know of no reason that she couldn't have been</p>	<p style="text-align: right;">Page 56</p> <p>1 with neurological deficits could have had an MRI done --  2 ordered in the emergency room and taken directly over to the  3 imaging center on August 19, 2014. Is that correct?  4 A That's correct.  5 Q Now, you do have some kind of financial  6 registration when a patient comes to the emergency room.  7 Correct?  8 A I'm sorry. I don't understand that.  9 Q I mean, that is part of your procedure to get  10 insurance information and that type of thing?  11 A Admissions does that. Yes, sir.  12 Q And the procedure says that "The emergency room  13 physician, provider or designee retains the right and  14 responsibility to perform a medical screening examine on  15 every patient presenting for emergency services, determine if  16 a life or limb-threatening situation exists unless the  17 private physician is in attendance at the time the patient  18 presents." Correct?  19 A Correct.  20 Q That's the policy that you understand?  21 A Yes, sir.  22 MR. SHOENFELT: For the record, I have --  23 Q What is this chart?  24 MR. SHOENFELT: I made a copy of it. I'm going to  25 attach it as "Exhibit 2."</p>
<p style="text-align: right;">Page 55</p> <p>1 taken over there at any point in time from the emergency room  2 to the imaging center the morning of August 19th, 2014?  3 A I do not.  4 Q You don't know anything about any kind of policy  5 where that you had to have -- be admitted to the hospital to  6 have an MRI performed?  7 A No.  8 Q And you've never had any discussion with anyone at  9 the hospital regarding any issue with an MRI being ordered  10 from the emergency room?  11 A No.  12 Q Nothing in a -- have you ever had to clear  13 insurance with a patient before they had anything done at the  14 emergency room at North Louisiana Medical Center?  15 A No, sir.  16 Q You're not privy to any kind of discussions that  17 took place regarding reimbursement for MRIs run at North  18 Louisiana Medical Center?  19 A No, sir.  20 Q Is there any, to your knowledge, any policies --  21 emergency room policies regarding what screening should be  22 done if a patient presents with a neurological deficit at the  23 emergency room?  24 A No, sir.  25 Q As far as you know, a patient such as Jordan Scott</p>	<p style="text-align: right;">Page 57</p> <p>1 A This is our triage assessment scoring that the  2 nurses provide to each patient they triage.  3 Q So what does it mean, "requires immediate life-  4 saving intervention"? It says "A," and then it says go to  5 No. 1. What does that mean?  6 A That means 1 is the level of triage, so Level 1  7 would be a lifesaving measure would be required.  8 Q Okay. And that would include the ability to order  9 diagnostic studies as soon as possible in the emergency room?  10 MR. BLANKENSHIP: Object to the form. (To  11 witness): You can answer.  12 A That would be the -- I'm sorry.  13 Q No. 1 is what?  14 A 1 means that's a level of triage. We have five  15 levels, a five-level triage system in the emergency room. It  16 goes from 1 for lifesaving to 5, meaning there's no resources  17 needed.  18 Q So what was Jordan Scott, based on your review of  19 the medical record?  20 MR. BLANKENSHIP: Object to the form.  21 A I don't recall that.  22 Q Can you look in the record and identify it for me?  23 A Uh-huh (yes).  24 MR. BLANKENSHIP: You're talking about the initial  25 triage?</p>

15 (Pages 54 to 57)

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<p style="text-align: right;">Page 70</p> <p>1 gotten MRIs from the emergency department?</p> <p>2 A Yes, ma'am.</p> <p>3 Q Okay. Have you spoken to Dr. Taylor about his</p> <p>4 deposition?</p> <p>5 A No, ma'am.</p> <p>6 Q Have you spoken to anybody else at the hospital</p> <p>7 regarding Dr. Taylor's deposition?</p> <p>8 A Just Susan White and Kurt.</p> <p>9 Q Okay. And I'm sure Kurt will keep you straight,</p> <p>10 but I don't want to know about anything that you discussed</p> <p>11 with him. Dr. Taylor testified that he -- there's no button</p> <p>12 for the emergency department physicians to check to order an</p> <p>13 MRI from the emergency department.</p> <p>14 MR. BLANKENSHIP: Are you talking about now or at</p> <p>15 that time?</p> <p>16 MS. HOSKINS: Thank you.</p> <p>17 Q At that time.</p> <p>18 A No, ma'am.</p> <p>19 Q Is that correct or, at that time was that correct?</p> <p>20 A That is correct. There is no button.</p> <p>21 Q Do you know why that was?</p> <p>22 A No, ma'am.</p> <p>23 Q So is there a check button for a physician to order</p> <p>24 a CT from the emergency room?</p> <p>25 A Yes, ma'am.</p>	<p style="text-align: right;">Page 72</p> <p>1 Q It's not a matter of remembering names. You just</p> <p>2 can't remember any time?</p> <p>3 A Right.</p> <p>4 Q Okay. Now, tell me about this button. That sounds</p> <p>5 interesting.</p> <p>6 A It's an -- he's talking about the order. On the</p> <p>7 computer screen, it's not an actual button you pick like a</p> <p>8 keyboard. It's on the screen. You check what boxes you want</p> <p>9 to order, and there's not an MRI button or check mark.</p> <p>10 Q Okay. Is there one now?</p> <p>11 A No, sir.</p> <p>12 Q Okay. There's never been an MRI button?</p> <p>13 A No, sir.</p> <p>14 Q Okay. And what's the reason for that?</p> <p>15 MR. BLANKENSHIP TO WITNESS: If you know.</p> <p>16 A I don't know.</p> <p>17 Q So I would be correct in saying you do treat</p> <p>18 patients that come in that need an MRI different from</p> <p>19 patients who come in and need a CT, for example?</p> <p>20 MR. BLANKENSHIP: Object to the form. (To</p> <p>21 witness): You can answer.</p> <p>22 A I mean, that's dependent upon what the physician</p> <p>23 orders.</p> <p>24 Q No. No, no. There's no button for an MRI.</p> <p>25 Correct?</p>
<p style="text-align: right;">Page 71</p> <p>1 Q If a physician wanted to order an MRI, how would he</p> <p>2 or she order it through the computer system?</p> <p>3 A He would have to go on the HMS side of the</p> <p>4 medical -- I'm sorry -- of the electronic system, or a</p> <p>5 handwritten paper order could have taken place.</p> <p>6 Q Okay. Did you ever speak to Mr. Dubois about</p> <p>7 whether he had conversations with Dr. Taylor regarding the</p> <p>8 ability to order an MRI from the ED?</p> <p>9 MR. BLANKENSHIP: You cut out, Maryann. We</p> <p>10 couldn't ask who you were asking. Dubois --</p> <p>11 MS. HOSKINS: I'm sorry.</p> <p>12 Q Dr. Taylor testified that he had several</p> <p>13 conversations with Brady Dubois regarding the ability for ED</p> <p>14 physicians to order an MRI from the ER. Did Mr. Dubois tell</p> <p>15 you about any conversations he had with Dr. Taylor?</p> <p>16 A No, ma'am.</p> <p>17 MS. HOSKINS: That is all I have.</p> <p>18 MR. SHOENFELT: I have a couple of follow-ups.</p> <p>19 REEXAMINATION BY MR. SHOENFELT:</p> <p>20 Q My recollection of your testimony was that, prior</p> <p>21 to August 19th, 2014, you could not think of any instances at</p> <p>22 all where a physician ordered an MRI from the emergency room</p> <p>23 and the patient was taken directly to the emergency room. Is</p> <p>24 that correct?</p> <p>25 A That's correct.</p>	<p style="text-align: right;">Page 73</p> <p>1 A Correct.</p> <p>2 Q There never has been. Will there ever be one?</p> <p>3 MR. BLANKENSHIP: Object to the form. (To</p> <p>4 witness): You can answer, if you know.</p> <p>5 A I don't know.</p> <p>6 Q Well, why -- you told me that you felt that it</p> <p>7 would be the appropriate standard of care for an emergency</p> <p>8 room to have the ability for a physician to order an MRI for</p> <p>9 a neurologically impaired patient and have them taken</p> <p>10 directly over there, but there's no button for it?</p> <p>11 A If the physician feels the need to order that,</p> <p>12 then, yes.</p> <p>13 Q The question was, but there's no button for it even</p> <p>14 though you feel that the physician should be able to order</p> <p>15 it. Correct?</p> <p>16 MR. BLANKENSHIP: Object to the form. (To</p> <p>17 witness): You can answer.</p> <p>18 A Correct.</p> <p>19 Q And why?</p> <p>20 A I can't answer that.</p> <p>21 Q Well, you're the Director of Emergency Services.</p> <p>22 That never peaked your curiosity?</p> <p>23 A But I'm not a physician, so I don't order -- I</p> <p>24 don't do the orders. So that's a physician --</p> <p>25 Q Well, you're director of the whole emergency</p>

<p style="text-align: right;">Page 74</p> <p>1 services, though. Correct?</p> <p>2 A Yes.</p> <p>3 Q You help physicians; you assist them?</p> <p>4 A Correct.</p> <p>5 Q Okay. So have you ever thought that they may want</p> <p>6 to order an MRI from the emergency room?</p> <p>7 A Yes.</p> <p>8 Q What did you do? Did you talk to anyone about that</p> <p>9 issue or follow up on it in any way?</p> <p>10 MR. BLANKENSHIP: "That issue," being the button</p> <p>11 issue?</p> <p>12 MR. SHOENFELT: Yeah.</p> <p>13 A No, sir.</p> <p>14 Q But there is a button for a CT?</p> <p>15 A Yes.</p> <p>16 Q And why is that?</p> <p>17 A I can't answer that.</p> <p>18 Q Could it be a financial reason, perhaps?</p> <p>19 MR. BLANKENSHIP: Object to the form. (To</p> <p>20 witness): You can answer.</p> <p>21 A Not that -- I don't know that answer.</p> <p>22 Q You don't know. But you've never discussed it with</p> <p>23 anybody --</p> <p>24 A No, sir.</p> <p>25 Q -- even though you think the proper standard of.</p>	<p style="text-align: right;">Page 76</p> <p>1 Q Are you going to do it now?</p> <p>2 MR. BLANKENSHIP: Object to the form. (To</p> <p>3 witness): Don't answer that.</p> <p>4 MR. SHOENFELT: On what grounds?</p> <p>5 MR. BLANKENSHIP: Possible remedial action, I</p> <p>6 guess.</p> <p>7 Q Okay. So now, tell me, can you order x-rays in the</p> <p>8 emergency room? Is there a button for that?</p> <p>9 A Yes, sir.</p> <p>10 Q How about an ultrasound?</p> <p>11 A Yes, sir.</p> <p>12 Q Any diagnostic studies that you can order -- that</p> <p>13 you know of that you can order in the emergency room there's</p> <p>14 a button for except the MRI?</p> <p>15 A I can't answer that. I don't know if there's any</p> <p>16 other buttons that aren't there.</p> <p>17 Q And I'm correct in saying, then, that there is</p> <p>18 disparity as far as that MRI screening process. If a</p> <p>19 physician wants to order that, it's not as easy as ordering a</p> <p>20 CT.</p> <p>21 MR. BLANKENSHIP: Object to the form.</p> <p>22 Q Would you agree with that?</p> <p>23 MR. BLANKENSHIP: Object to the form. Sorry.</p> <p>24 A He can order it.</p> <p>25 Q No, that's not my question. If you want to order</p>
<p style="text-align: right;">Page 75</p> <p>1 care would be for there to be -- a physician should be able</p> <p>2 to order an MRI in the emergency room. Correct?</p> <p>3 A Correct.</p> <p>4 Q So you don't intend to follow up on that</p> <p>5 whatsoever?</p> <p>6 MR. BLANKENSHIP: Object to the form. (To</p> <p>7 witness): You can answer.</p> <p>8 A No.</p> <p>9 Q Why?</p> <p>10 A Because that's a physician test.</p> <p>11 Q Well, you're a nurse. Correct?</p> <p>12 A I am.</p> <p>13 Q You don't ever help a physician when you think they</p> <p>14 are making an error or if they've made a misdiagnosis? You</p> <p>15 don't ever step in and say, "Well, Doctor, I think you should</p> <p>16 consider that."</p> <p>17 MR. BLANKENSHIP: Object to the form.</p> <p>18 Q Isn't that part of your duty as a nurse?</p> <p>19 A It is.</p> <p>20 MR. BLANKENSHIP: Object to the form.</p> <p>21 Q Shouldn't that be part of your duty as Director of</p> <p>22 Emergency Services? If you feel that the ER doctor should be</p> <p>23 able to order that MRI, shouldn't you follow up on that?</p> <p>24 MR. BLANKENSHIP: Object to the form.</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 77</p> <p>1 a -- a patient comes in and you want to order a CT, you push</p> <p>2 the button. Correct?</p> <p>3 A Correct.</p> <p>4 Q And what happens?</p> <p>5 A The CT is ordered.</p> <p>6 Q And is the patient taken over to the imaging</p> <p>7 center?</p> <p>8 A Yes.</p> <p>9 Q Directly from the ER?</p> <p>10 A Yes.</p> <p>11 Q And you've seen that happen?</p> <p>12 A Yes.</p> <p>13 Q But you've never seen an MRI ordered except one</p> <p>14 time that you can recall after August 19th, 2014. Correct?</p> <p>15 MR. BLANKENSHIP: Object to the form. (To</p> <p>16 witness): You can answer.</p> <p>17 A Correct.</p> <p>18 Q And that hasn't -- you haven't ever questioned</p> <p>19 anyone why that is?</p> <p>20 A No, sir.</p> <p>21 Q You've never heard any rumors it's because MRIs are</p> <p>22 expensive and there might be some issue about getting</p> <p>23 reimbursement unless they are cleared by insurance first?</p> <p>24 A No, sir.</p> <p>25 Q You wouldn't agree with that policy, would you?</p>

20 (Pages 74 to 77)

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<p style="text-align: right;">Page 78</p> <p>1 A Agree with the policy --</p> <p>2 MR. BLANKENSHIP: With such a policy.</p> <p>3 A Oh.</p> <p>4 Q Yeah. You wouldn't agree with such a financial</p> <p>5 policy, would you?</p> <p>6 A No.</p> <p>7 Q Now, tell me, if a patient wants to order an MRI,</p> <p>8 what is the -- is there a procedure for that?</p> <p>9 MR. BLANKENSHIP: You mean, if a physician, I</p> <p>10 assume?</p> <p>11 Q Yeah. A physician. All right. Let's just say,</p> <p>12 you know, Dr. Taylor wanted to order an MRI at 9:07. He</p> <p>13 couldn't push a button, could he?</p> <p>14 A No.</p> <p>15 Q Okay. Well, what would -- what's the procedure you</p> <p>16 have in place to make sure he knows how to get the MRI done?</p> <p>17 A The easiest is to write it on a downtime x-ray</p> <p>18 form, order the MRI, is the easiest.</p> <p>19 Q Okay. Well, I want to know what written policy you</p> <p>20 have so the physician will know how to do it.</p> <p>21 A I don't know of any such policy.</p> <p>22 Q Okay. Well, how does he know that that's the</p> <p>23 easiest way?</p> <p>24 A I don't know.</p> <p>25 Q Well, don't you think it would be good for the ER</p>	<p style="text-align: right;">Page 80</p> <p>1 physicians should use?</p> <p>2 A Because I'm not -- I can't order.</p> <p>3 Q Well, you could have told -- the doctor wanted to</p> <p>4 order the hip, you said, after August 19th, 2014.</p> <p>5 A Uh-huh (yes).</p> <p>6 Q What did you -- who was this anyway? What doctor?</p> <p>7 A I don't recall that.</p> <p>8 Q Well, what did you do? He had to come to you.</p> <p>9 Correct?</p> <p>10 A I was in the nurse's station again.</p> <p>11 Q But he didn't know the procedure, that he could</p> <p>12 have written on a down-- down-- what is it? The down</p> <p>13 paper?</p> <p>14 A It's called downtime, and it's just a piece of</p> <p>15 paper that has orders and you can write what you want on the</p> <p>16 paper.</p> <p>17 Q All right. Did you do that when the hip MRI was</p> <p>18 ordered?</p> <p>19 A No, sir.</p> <p>20 Q Well, why?</p> <p>21 A Because I'm not doing the ordering.</p> <p>22 Q Well, could you have told the doctor to do that? I</p> <p>23 mean, --</p> <p>24 A Yes.</p> <p>25 Q Did you?</p>
<p style="text-align: right;">Page 79</p> <p>1 physicians to know that, --</p> <p>2 MR. BLANKENSHIP: Object to the form. (To</p> <p>3 witness): You can answer.</p> <p>4 Q -- as Director of Emergency Services?</p> <p>5 A They are instructed on our downtime procedures and</p> <p>6 that's considered a downtime paper form. They write on it</p> <p>7 and it goes to the perspective unit, whether it's lab or</p> <p>8 x-ray.</p> <p>9 Q It goes to the perspective unit. But you've never</p> <p>10 done that. Correct?</p> <p>11 MR. BLANKENSHIP: Personally?</p> <p>12 Q Yeah. You've never known it to happen. Is that</p> <p>13 correct?</p> <p>14 MR. BLANKENSHIP: That's a different question.</p> <p>15 Q Have you ever known that to happen?</p> <p>16 A For an MRI --</p> <p>17 Q Yeah.</p> <p>18 A -- or for anything?</p> <p>19 Q For an MRI to be written on this down thing and</p> <p>20 taken over there.</p> <p>21 A I can't recall of any.</p> <p>22 Q Now, what about when you arranged this hip thing?</p> <p>23 Is that what you did?</p> <p>24 A No.</p> <p>25 Q So why didn't you use the procedure that the</p>	<p style="text-align: right;">Page 81</p> <p>1 A I don't recall how the MRI was ordered that day. I</p> <p>2 don't know if he ordered it on downtime or on the other HMS</p> <p>3 system. I don't know.</p> <p>4 Q Well, shouldn't you have written policies as to how</p> <p>5 an MRI can be ordered?</p> <p>6 MR. BLANKENSHIP: Object to the form.</p> <p>7 A I don't have a policy pertaining to that, no, sir.</p> <p>8 Q And you've never -- I mean, have you told</p> <p>9 physicians that? There's -- what? -- five physicians that</p> <p>10 work in the ER primarily. Correct?</p> <p>11 A Yes, sir.</p> <p>12 Q Do they all know about this downtime ordering?</p> <p>13 A Yes, sir.</p> <p>14 Q Okay. Now, who takes the sheet over to imaging?</p> <p>15 A When we -- for instance, if they ordered an MRI, we</p> <p>16 would pick up the phone and call MRI and say, "We have a</p> <p>17 patient for a downtime procedure." They come and pick up the</p> <p>18 patient and the order because they have to have an order to</p> <p>19 do a procedure.</p> <p>20 Q Okay. But that's never been done, to your</p> <p>21 knowledge?</p> <p>22 MR. BLANKENSHIP: Object to the form.</p> <p>23 A For an MRI?</p> <p>24 Q Yes.</p> <p>25 A I can't specifically pinpoint a particular time,</p>

Page 82	Page 84
<p>1 so, no, I can't answer that.</p> <p>2 Q So you do agree, on August 19, 2014, that Dr.</p> <p>3 Taylor could not push a button and order an MRI like every</p> <p>4 other diagnostic study. Correct?</p> <p>5 A Correct.</p> <p>6 Q What is the cost of an MRI?</p> <p>7 A I have no idea.</p> <p>8 Q What is the cost of a CT? Do you know?</p> <p>9 A I have no idea.</p> <p>10 Q Have you ever discussed that with anybody in the</p> <p>11 radiology department?</p> <p>12 A No, sir.</p> <p>13 Q There's no -- I'm assuming there's no policies you</p> <p>14 know of, standard protocol for a patient presenting with</p> <p>15 neurological deficits at the emergency room. Correct?</p> <p>16 A Correct.</p> <p>17 Q But if a patient, for example, presented with</p> <p>18 neurological symptoms that could be diagnosed with a CT, the</p> <p>19 doctor could readily order that with the button. Correct?</p> <p>20 A Correct.</p> <p>21 Q Or an x-ray, they could order. The same thing.</p> <p>22 Correct?</p> <p>23 A Correct.</p> <p>24 Q But the MRI, there's really no set procedure for</p> <p>25 that?</p>	<p>1 other?</p> <p>2 A I'm just not aware one way or the other.</p> <p>3 Q All right. And --</p> <p>4 MR. BLANKENSHIP: Okay. That's all I wanted to</p> <p>5 clarify.</p> <p>6 MR. SHOENFELT: No further questions. Thank you.</p> <p>7 COURT REPORTER: Read and sign?</p> <p>8 MR. BLANKENSHIP: Yes. And I want you to send it</p> <p>9 directly to her, please.</p> <p>10 COURT REPORTER: Okay.</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25 DEPOSITION CONCLUDED AT 11 A.M.</p>
Page 83	Page 85
<p>1 MR. BLANKENSHIP: Object to the form.</p> <p>2 Q Correct?</p> <p>3 A There's no button.</p> <p>4 Q There's no button, but there's no written procedure</p> <p>5 in place or any procedure that you know of?</p> <p>6 A Correct.</p> <p>7 Q And it's never been done, to your knowledge, using</p> <p>8 this procedure you said they can write on the down sheet?</p> <p>9 MR. BLANKENSHIP: Object to the form.</p> <p>10 Q Correct?</p> <p>11 WITNESS TO MR. BLANKENSHIP: I can answer?</p> <p>12 MR. BLANKENSHIP TO WITNESS: You can answer.</p> <p>13 Q Correct?</p> <p>14 A Correct.</p> <p>15 MR. SHOENFELT: That's all I have.</p> <p>16 MR. BLANKENSHIP: Just a follow-up on that issue,</p> <p>17 Ms. Goss.</p> <p>18 EXAMINATION BY MR. BLANKENSHIP:</p> <p>19 Q When you say you don't have any knowledge that</p> <p>20 "that" has been done, are you talking about whether a</p> <p>21 downtime form was used to order an MRI by any ER physician at</p> <p>22 any time?</p> <p>23 A Correct.</p> <p>24 Q Okay. Are you saying that you know for a fact that</p> <p>25 it's never happened or you're just not aware one way or the</p>	<p>1 CERTIFICATE</p> <p>2 I, WANDA J. EADY, Certified Court Reporter in and for</p> <p>3 the State of Louisiana, as the officer before whom this</p> <p>4 testimony was taken, do hereby certify that SANDRA THORNHILL</p> <p>5 GOSS, after having been duly sworn by me upon authority of</p> <p>6 R.S. 37:2554, did testify as hereinbefore set forth in the</p> <p>7 foregoing 84 pages; that this testimony was reported by me in</p> <p>8 the penwriter reporting method, was prepared and transcribed</p> <p>9 by me or under my personal direction and supervision, and is</p> <p>10 a true and correct transcript to the best of my ability and</p> <p>11 understanding; that the transcript has been prepared in</p> <p>12 compliance with transcript format guidelines required by</p> <p>13 statute or by rules of the board, and that I am informed</p> <p>14 about the complete arrangement, financial or otherwise, with</p> <p>15 the person or entity making arrangements for deposition</p> <p>16 services; that I have acted in compliance with the</p> <p>17 prohibition on contractual relationships, as defined by</p> <p>18 Louisiana Code of Civil Procedure Article 1434 and in rules</p> <p>19 and advisory opinions of the board; that I have no actual</p> <p>20 knowledge of any prohibited employment or contractual</p> <p>21 relationship, direct or indirect, between a court reporting</p> <p>22 firm and any party litigant in this matter nor is there any</p> <p>23 such relationship between myself and a party litigant in this</p> <p>24 matter. I am not related to counsel or to the parties herein</p> <p>25 nor am I otherwise interested in the outcome of this matter.</p>

22 (Pages 82 to 85)

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SERVICES, DIAGNOSTIC IMAGING

# Diagnostic Imaging

At Northern Louisiana Medical Center, diagnostic imaging is used to create a graphic depiction of the structures and functions of the body's organs and other internal systems. These images are used to examine and diagnose certain medical conditions.

## Our services:

- CT Scanner
- DEXA
- Digital Mammography
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Nuclear Medicine
- Ultrasound
- X-Ray



6

## Accreditation Frequently Asked Questions:

### What should I know about radiation safety?

Before your imaging procedure, be sure to ask your physician the following questions:

- Why is the test needed?
- How will having the test improve my care?
- Are there alternatives that do not use radiation and deliver similar results?
- Is the facility accredited by the American College of Radiology (ACR)?
- Are pediatric and adult tests delivered using the appropriate radiation doses?

### Why should I have my imaging exam done at an accredited facility?

When you see the gold seals of accreditation prominently displayed in our imaging facility, you can be sure that you are in a facility that meets standards for imaging quality and safety. Look for the ACR Gold Seals of Accreditation. To achieve the ACR Gold Standard of Accreditation, our facility's personnel qualifications, equipment requirements, quality assurance, and quality control procedures have gone through a rigorous review process and have met specific qualifications. It's important for patients to know that every aspect of the

## Accreditation – American College of Radiology

 [www.acr.org/quality-safety/accreditation](http://www.acr.org/quality-safety/accreditation)

ESPN Yahoo

Exhibit "1"



### MRI

The MRI Accreditation Program evaluates staff qualifications, quality control, MR safety policies and image quality. Accreditation is required for providers that bill for MRI under part B of the Medicare Physician Fee Schedule.

7

## **ACR Appropriateness Criteria® Overview**

### **Prologue**

In creating the ACR Appropriateness Criteria® (ACR AC), the ACR Task Force on Appropriateness Criteria incorporated attributes for developing acceptable medical practice guidelines used by the Agency for Healthcare Research and Quality (AHRQ) as designed by the Institute of Medicine. These attributes are:

## Defining Appropriateness

The ACR has adopted the AQA's definition of appropriateness. "The concept of appropriateness, as applied to health care, balances risk and benefit of a treatment, test, or procedure in the context of available resources for an individual patient with specific characteristics. Appropriateness criteria provide guidance to supplement the clinician's judgment as to whether a patient is a reasonable candidate for the given treatment, test or procedure."<sup>1</sup>

An assumption when assessing appropriateness is that the ordering health care provider has not yet determined whether a radiological procedure is clinically useful for the specific situation. The expert panel may recommend no radiological procedure as being appropriate for a specific clinical scenario. In those instances where more than one radiological procedure may be appropriate, the expert panel will provide additional guidance or clarification of the issues.

## Rating Appropriateness

The ACR AC methodology is based on the RAND Appropriateness Method<sup>2</sup>. The appropriateness ratings for each of the procedures or treatments included in the AC topics are determined using a modified Delphi method. A series of surveys are conducted to elicit each panelist's expert interpretation of the evidence, based on the available data, regarding the appropriateness of an imaging or therapeutic procedure for a specific clinical scenario. The expert panel members review the evidence presented and assess the risks or harms of doing the procedure balanced with the benefits of performing the procedure. The direct or indirect costs of a procedure are not considered as a risk or harm when determining appropriateness. When the evidence for a specific topic and variant is uncertain or incomplete, expert opinion may supplement the available evidence or may be the sole source for assessing the appropriateness.





# Northern Louisiana Medical Center

SERVICES

PATIENTS

VISITORS

COMMUNITY

AI



PATIENTS, ADMISSIONS, PRECERTIFICATION

## Precertification


Get ready. Get set.

It's all about preparation.

Completing paperwork before you arrive saves time and reduces stress at check-in.

**CLICK HERE to Pre-Register Online.**

Online pre-registration is available for all inpatient, outpatient services including diagnostic testing. You may pre-register online at least 3 business days in advance of your requested procedure date.



# Northern Louisiana Medical Center

SERVICES

PATIENTS

VISITORS

COMMUNITY

AB



PATIENTS, INSURANCE/ACCEPTED PLANS

## Insurance Accepted Plans

Are you covered?

If you have insurance:

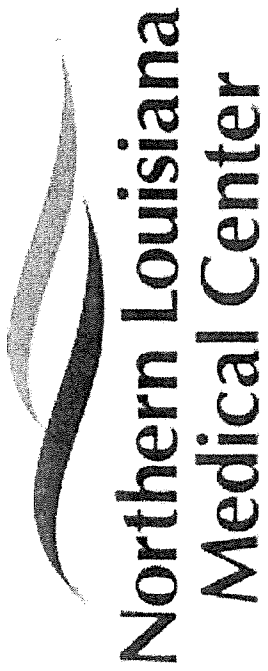
Northern Louisiana Medical Center accepts most major insurance providers. Contact our Financial Counselors if you have questions about our accepted providers.

If you don't have insurance:

No one will be denied necessary medical care due to lack of insurance or inability to pay. However, if you are uninsured you may be asked to pay a deposit when you're admitted or when you register for an outpatient procedure.



12



SERVICES

PATIENTS

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COMMUNITY

AE

# Less Waiting

Less waiting where it matters most –  
our emergency room.

**LEARN MORE**





EX-13

OEOR30 User: JRN  
Sort report: by Sub-Department  
Department: MRI Imaging  
HSV: EOP Analyzer: \*ALL  
Procedures: \*ALL  
Physician #: \*ALL

NORTHERN LOUISIANA MEDICAL CENTER  
Statistics by Procedure - Patient listing  
From 01/01/14 \*ALL To 03/24/16 \*ALL (CONTINUOUS)

Page: 1  
Date: 3/24/16  
Time: 16:08

Procedure	Qty	Start Dt	Service Dt	Patient Name	Patient #	Order #	HSV	Location	Ordering Physician	Family Physician	ST Tech	Anlz
MR-ANKLE WO CONTRAST	1	12/10/15			8453743	300	EOP	O/P	ALAM MOHAMMAD J MD	WILLIS MELINDA	F LLH	
MR-BRAIN W	1	1/09/16			8457736	1100	EOP	NUJE	KIDD HOLLY	TAMAKLOE MARTINA	F DLD	
MR-BRAIN WO	1	4/28/14			8367497	1300	EOP	NU3W	CALVERT EDWARD H M	BAINES JOHNATHAN	R LLH	
MR-BRAIN WO	1	6/01/14			8372538	700	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN WO	1	9/03/15			8439075	700	EOP	O/P	BLACKWELDER MARK A	BLACKWELDER MARK A	F DLD	
MR-BRAIN WO	1	1/05/16			8457235	1000	EOP	NUJW	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F DLD	
MR-BRAIN W	1	6/22/14			8375571	200	EOP	NUJE	ALAM MOHAMMAD J MD	THOMPSON DANIEL	F LLH	
MR-BRAIN W	1	9/18/14			8388181	900	EOP	O/P	ALAM MOHAMMAD J MD	BELUE JAMES M MD	F DLD	
MR-BRAIN W	1	6/30/15			8429526	1000	EOP	O/P	WHITE JACQUELYN K	GRIGSBY BENSON A M	F LLH	
MR-BRAIN W	1	8/12/15			8435872	800	EOP	O/P	BURTON BEAU	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN W	1	9/01/15			8438642	2000	EOP	NUJW	BONIN REAGAN	TAMAKLOE MARTINA	F LLH	
MR-BRAIN W	1	9/25/15			8442425	100	EOP	O/P	TAYLOR JAMES PATRI	MCGEEHEE DAVID W MD	F LLH	
MR-BRAIN W	1	10/05/15			8443948	200	EOP	O/P	COLEMAN THOMAS WIL	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN W	1	10/22/15			8446658	200	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F DLD	
MR-CERV SPINE WO CON	1	9/21/15			8441721	700	EOP	O/P	WALKER CHARLES	UNKNOWN PRIMARY CA	F LLH	
MR-CERV SPINE WO CON	1	1/20/16			8459335	300	EOP	O/P	NGUYEN HOA	UNKNOWN PRIMARY CA	F LLH	
MR-LUMB SPINE WO CON	1	8/21/14			8384060	300	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH	
MR-LUMB SPINE WO CON	1	4/02/15			8416517	600	EOP	O/P	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH	
MR-LUMB SPINE WO CON	1	3/05/16			8466313	900	EOP	O/P	ALAM MOHAMMAD J MD	BALLARD RICHARD I	F LLH	
MR-ORBT-FAC-NCK W	1	10/05/15			8443948	300	EOP	O/P	COLEMAN THOMAS WIL	UNKNOWN PRIMARY CA	F LLH	
MR-ORBT-FAC-NCK W	1	4/02/15			8416517	500	EOP	O/P	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH	
MRA-THORAX WO CONTRAST	1	5/19/15			8423653	1100	EOP	O/P	ALAM MOHAMMAD J MD	BLACKWELDER MARK A	F LLH	
MRA-HEAD WO	1	9/18/14			8388181	1000	EOP	O/P	ALAM MOHAMMAD J MD	BELUE JAMES M MD	F DLD	

PROCEDURE TOTAL:	Inpatient	Outpatient	Industrial	Total
PATIENT COUNT:	5	18	0	23
	5	15	0	20

OEOR30 User: JADURNS  
 Sort report: by Sub-Department  
 Department : MRI Imaging  
 HSV : EOP Analyzer : \*ALL  
 Procedures : \*ALL  
 Physician #: \*ALL

NORTHERN LOUISIANA MEDICAL CENTER  
 Statistics by Procedure - Patient Listing  
 From 01/01/10 \*ALL To 12/31/13 \*ALL (CONTINUOUS)

Page: 1  
 Date: 3/24/16  
 Time: 16:10

Procedure	Qty	Start Dt	Service Dt	Patient Name	Patient#	Order#	HSV	Location	Ordering Physician	Family Physician	ST Tech	Anlz
MR-BRAIN WO	1	1/04/13		8294172	1900	EOP	NU3W	323	-1	ALAM MOHAMMAD J MD	MARIANO SHEILA MAR	F LLH
MR-BRAIN WO	1	3/27/13		8307646	1600	EOP	O/P			AGARWAL KUSHAL MD	AGARWAL KUSHAL MD	F DLD
MR-BRAIN WO	1	5/01/13		8313389	1200	EOP	NU1W	146	-1	MARIANO SHEILA MAR	MARIANO EDWARD J M	F DLD
MR-BRAIN WW	1	3/01/13		8303476	200	EOP	O/P			ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH
MR-BRAIN WW	1	6/30/13		8322616	700	EOP	O/P			ALAM MOHAMMAD J MD	TAMAKLOE SEDO E	F LLH
MR-BRAIN WW	1	12/09/13		8347305	1900	EOP	NU3W	314	-1	LITTON DEREK C	HARRIS BRYAN	F DLD
MR-BRAIN WW	1	12/30/13		8350438	1000	EOP	O/P			TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH
MR-CERV SPINE WO CON	1	5/29/13		8317759	700	EOP	O/P			EUGENE EDWIG MD	UNKNOWN PRIMARY CA	F LLH
MR-HIP WO CONTRAST	1	1/05/13		8294414	300	EOP	O/P			ALAM MOHAMMAD J MD	GRIGSBY BENSON A M	F LLH
MR-HIP WO CONTRAST	1	6/07/13		8319327	100	EOP	O/P			BELUE JAMES M MD	BELUE JAMES M MD	F LLH
MRA-HEAD WO	1	1/04/13		8294172	1500	EOP	NU3W	323	-1	KIDD HOLLY	MARIANO SHEILA MAR	F LLH
MRA-HEAD WO	1	3/01/13		8303476	300	EOP	O/P			ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH
MRA-HEAD WO	1	3/27/13		8307646	1500	EOP	O/P			AGARWAL KUSHAL MD	AGARWAL KUSHAL MD	F DLD
									Total			
									Inpatient		Outpatient	
									4		9	
									3		7	
									PROCEDURE TOTAL:		13	
									PATIENT COUNT:		10	

Exhibit "1"

Current Computer System started 2013

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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
MONROE DIVISION

\*\*\*\*\*

GREGORY SCOTT AND MICHELLE  
SCOTT, INDIVIDUALLY AND ON  
BEHALF OF THE MINOR, JORDAN  
SCOTT, AS THE PARENTS AND  
TUTORS OF JORDAN SCOTT

VS. NO. 3:16-CV-00376

NORTHERN LOUISIANA MEDICAL  
CENTER, RUSTON, LOUISIANA,  
HOSPITAL COMPANY, LLC, AND  
BRADY DuBOIS

\*\*\*\*\*

DEPOSITION OF  
EDWARD CALVERT, M.D.

October 17, 2016

\*\*\*\*\*

At:

North Louisiana Medical Center  
401 E. Vaughn Avenue  
Ruston, Louisiana 71270

REPORTED BY:

LINDA PEROT  
CERTIFIED COURT REPORTER  
CERTIFICATE NO. 23012  
STATE OF LOUISIANA

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<p>APPEARANCES:</p> <p>FOR PLAINTIFFS:</p> <p>BREITHAUPT, DUNN, DuBOS, SHAFTO &amp; WOLLESON 1811 Tower Drive, Suite D Monroe, Louisiana 71201 Phone: (318) 322-1202 appearing herein by and through Mr. Russell A. Woodard, Jr. rwoodard@bddswlaw.com</p> <p>AND VIA TELEPHONE CONFERENCE CALL OSCAR L. SHOENFELT ATTORNEY AT LAW 2109 Perkins Road Baton Rouge, Louisiana 70808 Phone: (225) 336-4300 E-Mail: info@shoenfeltlaw.com</p> <p>FOR DEFENDANT NORTHERN LOUISIANA MEDICAL CENTER:</p> <p>BLUE WILLIAMS 3421 North Causeway Boulevard Suite 900 Metairie, Louisiana 70002 Phone: (504) 831-4091 appearing herein by and through Mr. Kurt S. Blankenship E-Mail: kblankenship@bluewilliams.com</p> <p>FOR DEFENDANT JACOB M. WOOD, M.D.:</p> <p>HUDSON, POTTS &amp; BERNSTEIN 1800 Hudson Lane, Suite 300 Monroe, Louisiana 71201 Phone: (318) 388-4400 appearing herein by and through Mr. Donald H. Zeigler, III on behalf of Mr. Gordon L. James E-Mail: tzeigler@hplaw.com</p>	<p>INDEX</p> <p>PAGE</p> <p>EXAMINATION</p> <p>BY MR. WOODARD. . . . . 7,74</p> <p>EXAMINATION</p> <p>BY MR. BLANKENSHIP. . . . . 55</p> <p>OBJECTIONS</p> <p>BY MS. HOSKINS. . . . . 9, 11, 14, 15, 18, 19, 20, 22, . . . . . 24, 25, 26, 27, 33, 36, 39, 40, . . . . . 41, 43, 45, 47, 48, 50, 52, 76, . . . . . 75, 77, 79, 80</p> <p>BY MR. BLANKENSHIP . . . . . 10, 11, 14, 15, 16, 18, 20, . . . . . 21, 22, 24, 25, 26, 27, 28, . . . . . 30, 33, 34, 35, 37, 39, 40, . . . . . 41, 42, 43, 45, 47, 49, 50, . . . . . 51, 52, 53, 76, 77, 78, 79, 80</p>
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<p>APPEARANCES (CONTINUED):</p> <p>FOR DEFENDANT JAMES PATRICK TAYLOR, M.D.:</p> <p>DEGAN, BLANCHARD &amp; NASH 400 Poydras Street, Suite 2600 New Orleans, Louisiana 70130 Phone: (504) 529-3333 appearing herein by and through Ms. Maryann G. Hoskins E-Mail: dhoskins@degan.com</p>	<p>EXHIBIT INDEX</p> <p>PAGE</p> <p>Exhibit 1 Transcript of Dr. Alam . . . . . 8</p> <p>Exhibit 2 Excerpts from Transcript of Dr. Taylor . . . 9</p> <p>Exhibit 3 . . . . . attached post-deposition</p> <p>Exhibit 4 . . . . . attached post-deposition</p> <p>Exhibit 5 Website Screen Shot . . . . . 28</p> <p>Exhibit 6 Website Screen Shot . . . . . 30</p> <p>Exhibit 7 . . . . . attached post deposition</p> <p>Exhibit 8 The ACR Appropriateness Criteria . . . . . 31</p> <p>Exhibit 9 Screen Shot from The ACR Appropriateness Criteria . . . . . 32</p> <p>Exhibit 10 Screen Shot from The ACR Appropriateness Criteria . . . . . 36</p> <p>Exhibit 11 Website Screen Shot . . . . . 38</p> <p>Exhibit 12 Thirty Minutes or Less Pledge . . . . . 39</p> <p>Exhibit 13 . . . . . 74</p>

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<p style="text-align: right;">Page 6</p> <p>1                   STIPULATIONS</p> <p>2           It is stipulated and agreed between counsel</p> <p>3   that this deposition of EDWARD CALVERT, M.D., is</p> <p>4   taken pursuant to Notice by counsel for</p> <p>5   Defendants in accordance with the Federal Rules</p> <p>6   of Civil Procedure, and may be used for all</p> <p>7   purposes and in any manner consistent therewith.</p> <p>8   All objections except as to the form of the</p> <p>9   question and responsiveness of the answer are</p> <p>10   reserved until such time as the deposition is</p> <p>11   offered and introduced into evidence.</p> <p>12</p> <p>13           The parties hereto waive all formalities in</p> <p>14   connection with the taking of said deposition,</p> <p>15   except the swearing of the witness, reduction of</p> <p>16   the questions and answers to typewriting, and</p> <p>17   reading and signing of the deposition.</p> <p>18</p> <p>19           The witness, EDWARD CALVERT, M.D., was</p> <p>20   advised of his right to read and sign this</p> <p>21   deposition, and he elected to exercise that</p> <p>22   right.</p> <p>23</p> <p>24           *****</p> <p>25</p>	<p style="text-align: right;">Page 8</p> <p>1    A   I'm not certain who all the partners are.</p> <p>2    Q   Okay. Alam and Taylor are your partners,</p> <p>3       though?</p> <p>4    A   I think -- I suppose. It's sort of unusual</p> <p>5       the way this ER is set up. Most of the</p> <p>6       time, you are self-employed. With this one,</p> <p>7       they make you partners of some kind. I</p> <p>8       think it's a tax issue more than an actual</p> <p>9       partnership.</p> <p>10   Q   How long have you known Dr. Alam and Dr.</p> <p>11       Taylor?</p> <p>12   A   I've known Dr. Alam since probably 2005; Dr.</p> <p>13       Taylor since, I believe, 2013.</p> <p>14   Q   Have you found them both to be trustworthy?</p> <p>15   A   I have.</p> <p>16   Q   Reliable?</p> <p>17   A   Yes.</p> <p>18   Q   Honest?</p> <p>19   A   Yes.</p> <p>20   Q   Can you think of any instance of dishonesty</p> <p>21       since you've known Dr. Alam or Dr. Taylor?</p> <p>22   A   I cannot.</p> <p>23   Q   I'd like to show you --</p> <p>24       MR. WOODARD:</p> <p>25       what's been marked as "-- 1."</p>
<p style="text-align: right;">Page 7</p> <p>1           EDWARD CALVERT, M.D.,</p> <p>2   being first duly sworn by LINDA PEROT, Certified</p> <p>3   Court Reporter 23012, was examined and testified</p> <p>4   as follows:</p> <p>5           EXAMINATION</p> <p>6   BY MR. WOODARD:</p> <p>7   Q   Good morning, Doctor.</p> <p>8   A   Good morning.</p> <p>9   Q   Will you please state your name and address</p> <p>10       for the record?</p> <p>11   A   Edward Calvert, 1120 Brookhaven Avenue,</p> <p>12       Ruston, Louisiana.</p> <p>13   Q   And it's my understanding you are a</p> <p>14       physician in the North Louisiana Emergency</p> <p>15       Physicians Partnership?</p> <p>16   A   I am.</p> <p>17   Q   Okay. And that serves Northern Louisiana</p> <p>18       Medical Center?</p> <p>19   A   Correct.</p> <p>20   Q   And you are not technically an employee of</p> <p>21       Northern Louisiana Medical Center?</p> <p>22   A   I think, technically, we are partners of</p> <p>23       some kind. I'm self-employed, I suppose.</p> <p>24   Q   And the partners of NLEP, LLP, that would be</p> <p>25       Drs. Alam, Taylor, White and yourself?</p>	<p style="text-align: right;">Page 9</p> <p>1    Q   This is a transcript of Dr. Alam's testimony</p> <p>2       from a trial Mr. Ziegler and I actually had</p> <p>3       not too long ago. If you will, flip with me</p> <p>4       to the second page, Lines 7 through 9. Can</p> <p>5       you read for the record that question and</p> <p>6       answer?</p> <p>7    A   "No MRI or CT scan of the thoracic spine.</p> <p>8       Is that right?" "No. MRI is not emergency</p> <p>9       med department procedure. It takes longer</p> <p>10       time. We cannot order it fast."</p> <p>11   Q   Okay. Have you ever seen that before?</p> <p>12   A   No.</p> <p>13       MR. WOODARD:</p> <p>14       I have "Exhibit 2" here, some</p> <p>15       deposition excerpts from Dr. Taylor.</p> <p>16   Q   Have you read that deposition?</p> <p>17   A   I have not.</p> <p>18   Q   Okay. I want you to assume for me instead</p> <p>19       of going through these excerpts in detail</p> <p>20       that Dr. Taylor has testified in this</p> <p>21       particular case he asked for an MRI. His</p> <p>22       request was denied or delayed and the reason</p> <p>23       he was given was financial considerations.</p> <p>24       MS. HOSKINS:</p> <p>25       Object to the form.</p>

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<p style="text-align: right;">Page 10</p> <p>1 (To Witness): Go ahead. 2 MR. BLANKENSHIP: 3 I join in the objection. 4 MR. WOODARD: 5 You can state the basis for your 6 form objection. 7 MS. HOSKINS: 8 Well, I don't think that's 9 exactly -- 10 MR. BLANKENSHIP: 11 His answer -- 12 MS. HOSKINS: 13 Right. I don't think that's exactly 14 what he said. I'm not -- it's a 15 paraphrase of what he said and I'm just 16 making my objection for the record. 17 MR. WOODARD: 18 Okay. 19 MS. HOSKINS: 20 I mean, if you want a verbatim, we 21 can read it. I don't think that's 22 necessary, but -- 23 MR. WOODARD: 24 That's fine. I just -- if there was 25 some way I could rephrase the</p>	<p style="text-align: right;">Page 12</p> <p>1 A In an ideal world. However, MRI takes 2 thirty minutes to an hour and it's just not 3 an emergency procedure by the nature of MRI. 4 Q Have you ever attempted to order an MRI from 5 the emergency room? 6 A Not on an emergency room patient. 7 Q Have you ever had occasion to order an MRI 8 on an emergency room patient, but you did 9 not make an order because you knew it would 10 take a significant amount of time? 11 A It's not really available through the 12 emergency room, so -- 13 Q Who has told you that it's not available 14 through the emergency room? 15 MS. HOSKINS: 16 Objection. I don't think that's 17 what he said. 18 Q Is that what you said? 19 A It's not a test that we use in the emergency 20 room because it's not available for us to 21 order. 22 Q What do you mean that it's not available for 23 y'all to order? 24 A If I attempted to order an MRI, it wouldn't 25 be done. There's -- unless we order it on</p>
<p style="text-align: right;">Page 11</p> <p>1 paraphrasing that you don't have a 2 problem with. 3 Q All right. And I want you to also assume 4 for me that Dr. Taylor testified that he was 5 told that requests for MRIs from the 6 emergency room have to be precertified. 7 MS. HOSKINS: 8 Object to the form. 9 MR. BLANKENSHIP: 10 Same objection. 11 Q Have you ever heard of any of those things I 12 just mentioned by Dr. Taylor? 13 A I have not. 14 Q Okay. Look back at "Exhibit 1." Do you 15 agree with Dr. Alam that MRIs cannot be 16 ordered fast from the emergency room? 17 A I do. 18 Q And why do you agree with that? 19 A MRI is not an emergency procedure. It's 20 just not something that is available to us 21 through the emergency room. 22 Q Is that something you wish was available? 23 A I'm sorry? 24 Q Is that something that you personally wish 25 was available?</p>	<p style="text-align: right;">Page 13</p> <p>1 an inpatient, it's something that I would 2 have to discuss directly with either an 3 admitting physician or a radiologist or get 4 the orthopaedic doctor to tell me that it 5 was necessary. It's not something that I 6 could just type an order in the computer and 7 it would be done. 8 Q Do you have any idea why -- you could press 9 a button and order a CT scan. Correct? 10 A Correct. 11 Q Do you have any idea why you can't do that 12 for an MRI? 13 A It's just one of tests that's typically 14 reserved for people who require an inpatient 15 stay or can be done on an outpatient basis. 16 Q Typically, -- 17 A We use the CT to rule out emergency 18 conditions typically, and then if somebody 19 needs further investigation, that's done 20 sort of at the next level, not through the 21 emergency room. 22 Q And when you say it's typically reserved for 23 inpatients and who else? 24 A Done on an outpatient basis. Typically, we 25 order a CAT scan to rule out emergency</p>

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<p>1 conditions and, if the CAT scan is negative, 2 then we would send them to have an 3 outpatient MRI via their primary physician. 4 <b>Q</b> And the way you're understanding MRIs are 5 used at Northern, typically there's a delay 6 which allows for confirmation of either 7 insurance or a patient's ability to pay? 8 <b>MS. HOSKINS:</b> 9 Object to the form. 10 <b>MR. BLANKENSHIP:</b> 11 Object to the form. 12 <b>A</b> I don't know anything about the financial 13 aspect of it. 14 <b>Q</b> It was a poor question. It's your 15 understanding that, typically, the way MRIs 16 are ordered and conducted at Northern, 17 there's a significant period of time to 18 where confirmation of reimbursement can be 19 confirmed. Is that correct? 20 <b>MS. HOSKINS:</b> 21 Object to the form. 22 <b>MR. BLANKENSHIP:</b> 23 Same objection. 24 <b>A</b> Again, I have no idea about the financial 25 aspect of it.</p>	<p>1 <b>MR. BLANKENSHIP:</b> 2 Object to the form. 3 <b>Q</b> And as we discussed before, I'm a lawyer. 4 I'm not a doctor. Tell me, if I come to you 5 and I present with something, some 6 conditions, and you say, "I want this test 7 run," where do you go? Is it a computer 8 screen? Is it a station where you write 9 handwritten notes? 10 <b>A</b> It's a computer screen. 11 <b>MS. HOSKINS:</b> 12 Just for clarification, you're 13 talking about if you present to NLMC 14 emergency room? 15 <b>MR. WOODARD:</b> 16 I think he understands the question. 17 <b>Q</b> You can go ahead. 18 <b>A</b> Yeah. We have a system called MEDHOST that 19 we do all of our documentation and we order 20 our tests through MEDHOST. 21 <b>Q</b> Okay. And MEDHOST is electronic? 22 <b>A</b> Correct. 23 <b>Q</b> And if you want to order a CT scan, you can 24 press a button? 25 <b>A</b> Correct.</p>
Page 15	Page 17
<p>1 <b>Q</b> If Dr. Taylor testified that he spoke with 2 Brady Dubois, the former CEO of Northern, -- 3 do you remember -- were you working here 4 when Mr. Dubois was so employed? -- 5 <b>A</b> I was. 6 <b>Q</b> -- that he spoke with Mr. Dubois and he 7 said, "We can't allow emergency room MRIs 8 for financial considerations," would you be 9 in a position to dispute Dr. Taylor's 10 testimony? 11 <b>MS. HOSKINS:</b> 12 Object to the form. 13 <b>MR. BLANKENSHIP:</b> 14 Object to the form. 15 <b>A</b> I have no idea what conversation he had with 16 Brady. 17 <b>Q</b> Would you have any reason to doubt 18 Dr. Taylor? 19 <b>MR. BLANKENSHIP:</b> 20 Same objection. 21 <b>Q</b> So it seems that you, Dr. Alam and 22 Dr. Taylor all agree that it's very 23 difficult to obtain an MRI from the 24 emergency room. Is that correct? 25 <b>A</b> That's correct.</p>	<p>1 <b>Q</b> Are there any other type of diagnostic 2 images you can order with the press of a 3 button? 4 <b>A</b> X-rays, some ultrasound. 5 <b>Q</b> But there is no button on MEDHOST for MRIs? 6 <b>A</b> There is not, not that I'm aware of. 7 <b>Q</b> How often do you see or use that MEDHOST 8 software? 9 <b>A</b> Every day. 10 <b>Q</b> Daily? And you've never -- 11 <b>A</b> Every day that I work, yes. 12 <b>Q</b> Poor question. And you've never noticed an 13 MRI button? 14 <b>A</b> I have not. 15 <b>Q</b> Have you ever inquired as to why there is no 16 MRI button? 17 <b>A</b> I have not. 18 <b>Q</b> Do you have any idea as you sit here today 19 why there is no MRI button? 20 <b>A</b> It's just not a modality we use in the 21 emergency department. 22 <b>Q</b> I can't remember their first names, but are 23 you familiar with Ms. Burns and Ms. Goss? 24 <b>A</b> Yes. Sandy Goss. 25 <b>Q</b> Sandy Goss?</p>

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<p>1 A Sandy Goss is her name.</p> <p>2 Q Okay.</p> <p>3 A I don't know who Burns is.</p> <p>4 Q Would you agree if they said all other</p> <p>5 departments can order an MRI electronically</p> <p>6 except the emergency room?</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 A I have no knowledge of other departments.</p> <p>12 Q Are you aware of any MRIs ever being ordered</p> <p>13 from the emergency room by any physician?</p> <p>14 A I am not.</p> <p>15 Q And how long have you been at Northern?</p> <p>16 A On and off since 2005.</p> <p>17 Q Would it be fair to say that the ordering of</p> <p>18 MRIs from the emergency department at</p> <p>19 Northern is discouraged?</p> <p>20 MR. BLANKENSHIP:</p> <p>21 Object to the form.</p> <p>22 A I've never been discouraged. It's just not</p> <p>23 something that's typically available to us.</p> <p>24 Q Are you aware of -- let me ask this. Have</p> <p>25 you ever made any complaints to hospital</p>	<p>1 department, would you be in any position to</p> <p>2 dispute that?</p> <p>3 A I would not.</p> <p>4 Q If Dr. Taylor testified that "This is the</p> <p>5 21st Century; we ought to be able to obtain</p> <p>6 an MRI from the emergency department," would</p> <p>7 you agree with that?</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Object to the form.</p> <p>10 MS. HOSKINS:</p> <p>11 Object to the form.</p> <p>12 A That's his statement. I don't -- I've never</p> <p>13 worked in an emergency room where MRI was</p> <p>14 available to me.</p> <p>15 Q How many emergency rooms have you worked in?</p> <p>16 A Six or seven.</p> <p>17 Q If a hospital advertises and markets that it</p> <p>18 has MRIs available for all patients,</p> <p>19 inpatients and outpatients, would it be fair</p> <p>20 for patients to expect that they can obtain</p> <p>21 an MRI from the emergency room?</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>
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<p>1 administration that you would like to have</p> <p>2 the option for an MRI?</p> <p>3 A I have not.</p> <p>4 Q Are you aware of any physicians who have</p> <p>5 made such a complaint?</p> <p>6 A I am not.</p> <p>7 Q And you've never requested an MRI out of the</p> <p>8 emergency room?</p> <p>9 A I have not.</p> <p>10 Q But since 2005, you have had some patients</p> <p>11 where they presented with symptoms where you</p> <p>12 would have like to have obtained an MRI?</p> <p>13 MS. HOSKINS:</p> <p>14 Object to the form.</p> <p>15 A Normally, I can rule in or out conditions</p> <p>16 with what's available to me in CAT scan or</p> <p>17 plain x-ray enough to give the patient a</p> <p>18 really need to be for that MRI. So through</p> <p>19 the nature of MRI, it's not something that</p> <p>20 we can do quickly in the emergency room.</p> <p>21 Q The MRI machine is right down the hallway</p> <p>22 from the emergency department. Correct?</p> <p>23 A I honestly don't know.</p> <p>24 Q If Dr. Taylor testified that the MRI machine</p> <p>25 is right down the hallway from the emergency</p>	<p>1 A It's not an emergency procedure.</p> <p>2 Q I understand. But my question was, if a</p> <p>3 hospital advertises that they provide MRIs</p> <p>4 for all patients, inpatients, outpatients,</p> <p>5 emergency, non-emergency, would it be fair</p> <p>6 for patients to expect that they can obtain</p> <p>7 an emergency room MRI?</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Same objection.</p> <p>10 A I don't really know how to answer that. I</p> <p>11 mean, they can advertise whatever they want,</p> <p>12 I suppose. It's just not something we use</p> <p>13 through the emergency room. It's available</p> <p>14 for inpatients; it's available for</p> <p>15 outpatients. But whatever they advertise,</p> <p>16 it's just not something we do in the ER.</p> <p>17 Q But you wouldn't condone it as a good</p> <p>18 medical practice to falsely advertise what</p> <p>19 services a hospital can or can't offer.</p> <p>20 Correct?</p> <p>21 MS. HOSKINS:</p> <p>22 Object to the form.</p> <p>23 MR. BLANKENSHIP:</p> <p>24 Object to the form.</p> <p>25 A Correct.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Q Are you -- do you have any knowledge at all</p> <p>2 about the case that I'm here on today?</p> <p>3 A I do not.</p> <p>4 Q Have you ever heard of Jordan Scott?</p> <p>5 A I've heard the name strictly because I know</p> <p>6 that's the case that I'm here for today.</p> <p>7 Q Are you aware she's a patient who presented;</p> <p>8 at the time, she was twelve years old? And,</p> <p>9 according to Dr. Taylor's testimony, he</p> <p>10 wanted an MRI at around 9 a.m. and an MRI</p> <p>11 was not conducted until nearly 3 p.m.?</p> <p>12 MS. HOSKINS:</p> <p>13 Object to the form.</p> <p>14 MR. BLANKENSHIP:</p> <p>15 Same objection.</p> <p>16 A I have no knowledge of the case.</p> <p>17 Q Are you aware that that girl is now</p> <p>18 paralyzed for the rest of her life?</p> <p>19 A I am not.</p> <p>20 Q Would you agree that's a tragic case?</p> <p>21 MR. BLANKENSHIP:</p> <p>22 Object to the form.</p> <p>23 MS. HOSKINS:</p> <p>24 Object to the form.</p> <p>25 A I do agree.</p>	<p style="text-align: right;">Page 24</p> <p>1 the problem, and then treat the problem.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q And you've been educated. You've been</p> <p>5 trained. You have experience to help deal</p> <p>6 with those medical issues?</p> <p>7 A Correct.</p> <p>8 Q Is it true that sometimes business decisions</p> <p>9 can get in the way of you exercising -- or a</p> <p>10 doctor exercising his medical judgment?</p> <p>11 MS. HOSKINS:</p> <p>12 Object to the form.</p> <p>13 MR. BLANKENSHIP:</p> <p>14 Object to the form.</p> <p>15 A Not with me.</p> <p>16 Q Have you ever wanted to do something,</p> <p>17 provide treatment to a particular patient</p> <p>18 and been handcuffed by a particular</p> <p>19 administrative or business decision?</p> <p>20 A Yes. I'm sure that I have, but I can't</p> <p>21 think of a specific example.</p> <p>22 Q And that's more of where I was going with my</p> <p>23 question. Again, I'm asking you to assume</p> <p>24 instead of making you read all this</p> <p>25 deposition testimony. I'm trying to move</p>
<p style="text-align: right;">Page 23</p> <p>1 Q Doctor, you are trained to help people.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q You're not trained on how to give</p> <p>5 depositions?</p> <p>6 A I'm not.</p> <p>7 Q Right now, you're thinking about "What am I</p> <p>8 going to do once I get out of this</p> <p>9 deposition and what am I going to walk into</p> <p>10 in the emergency department?" Correct?</p> <p>11 A I don't work today, thankfully.</p> <p>12 Q You're not working today. If you were</p> <p>13 working today, you walk in every day not</p> <p>14 knowing what's going to present itself?</p> <p>15 A Correct.</p> <p>16 Q You're holding a cup of coffee in your hand.</p> <p>17 When you're working, you may be drinking a</p> <p>18 cup of coffee, and then all of a sudden</p> <p>19 things go from tranquil to a gunshot wound</p> <p>20 comes in and you've got all hands on deck?</p> <p>21 A Correct.</p> <p>22 Q And you've got to use your expertise, your</p> <p>23 medical judgment to try to help that person?</p> <p>24 A Correct.</p> <p>25 Q You've got to assess the situation, diagnose</p>	<p style="text-align: right;">Page 25</p> <p>1 things along so you can get out of here. If</p> <p>2 Dr. Taylor testified he wanted to order an</p> <p>3 MRI as early as, say, 9 a.m., he made the</p> <p>4 request to order an MRI, he was denied his</p> <p>5 request for an MRI, and when he was told why</p> <p>6 his requests were denied it was because of</p> <p>7 administrative financial consideration. I</p> <p>8 want you to assume those things. If that's</p> <p>9 true, would that be an instance where a</p> <p>10 physician's medical judgment was being</p> <p>11 handcuffed by a business decision?</p> <p>12 MR. BLANKENSHIP:</p> <p>13 Object to the form.</p> <p>14 MS. HOSKINS:</p> <p>15 Object to the form.</p> <p>16 A Assuming all those things are true, yes, it</p> <p>17 would be.</p> <p>18 Q Okay. And sometimes, those business or</p> <p>19 administrative decisions are made by people</p> <p>20 who never went to medical school like you?</p> <p>21 MR. BLANKENSHIP:</p> <p>22 Object to the form.</p> <p>23 A Yes.</p> <p>24 Q People who never went to medical school like</p> <p>25 Dr. Taylor or Dr. Alam. Correct?</p>

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<p style="text-align: right;">Page 26</p> <p>1 A Correct.</p> <p>2 Q And sometimes, those administrative and</p> <p>3 business decisions are made without any</p> <p>4 consultation with people who went to medical</p> <p>5 school such as yourself, Dr. Alam and Dr.</p> <p>6 Taylor?</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 A Yes.</p> <p>10 Q And when those decisions are adopted, y'all</p> <p>11 pretty much have to just go with the hands</p> <p>12 you are dealt. Correct?</p> <p>13 A Correct.</p> <p>14 Q Okay. Again, I'm asking you to accept as</p> <p>15 true Dr. Taylor's testimony that Mr. Dubois</p> <p>16 told him, "We, as a hospital, cannot grant</p> <p>17 or order MRIs from the emergency room for</p> <p>18 financial considerations." Assuming that is</p> <p>19 true, would it be fair to say that that</p> <p>20 policy does not involve an assessment of</p> <p>21 each particular patient's condition?</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>	<p style="text-align: right;">Page 28</p> <p>1 MR. BLANKENSHIP:</p> <p>2 Same objection.</p> <p>3 A If it exists, yes.</p> <p>4 Q And I think you used the word "globally."</p> <p>5 If it's applied globally or universally,</p> <p>6 that would mean that it's being done so</p> <p>7 without specific considerations of each</p> <p>8 specific patient. Correct?</p> <p>9 A Correct.</p> <p>10 Q And if Dr. Taylor says the policy exists and</p> <p>11 the hospital says it doesn't exist, that</p> <p>12 would require a credibility call between the</p> <p>13 two. Correct?</p> <p>14 MS. HOSKINS:</p> <p>15 Object to the form.</p> <p>16 MR. BLANKENSHIP:</p> <p>17 Object to the form.</p> <p>18 A I suppose.</p> <p>19 Q I'm trying to move along.</p> <p>20 MR. WOODARD:</p> <p>21 I'm going to show you what's been</p> <p>22 marked as "Exhibit 5."</p> <p>23 Q Are you aware that Northern Louisiana</p> <p>24 Medical Center has a website?</p> <p>25 A Not directly, no. I've never seen it.</p>
<p style="text-align: right;">Page 27</p> <p>1 A If it's a global policy, then I guess it</p> <p>2 doesn't involve individual patients.</p> <p>3 Q And if Jordan Scott presented --</p> <p>4 MR. WOODARD:</p> <p>5 Y'all help me. August 19th?</p> <p>6 MR. BLANKENSHIP:</p> <p>7 That's right.</p> <p>8 Q If Jordan Scott presented August 19th of</p> <p>9 2014 and that policy I'm asking you to</p> <p>10 assume exists, that would not have been</p> <p>11 applied for her specific case. Correct?</p> <p>12 MR. BLANKENSHIP:</p> <p>13 Object to the form.</p> <p>14 A Correct.</p> <p>15 Q It wouldn't have been applied during the</p> <p>16 scope of her particular treatment?</p> <p>17 MR. BLANKENSHIP:</p> <p>18 Same objection.</p> <p>19 A I suppose.</p> <p>20 Q If that policy exists, that would be an</p> <p>21 administrative or a business decision</p> <p>22 without consideration of any medical</p> <p>23 judgment?</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>	<p style="text-align: right;">Page 29</p> <p>1 Q I'll represent to you that this is taken off</p> <p>2 Northern's website. Do you see the top</p> <p>3 line? It says, "Magnetic Resonance</p> <p>4 Imaging?"</p> <p>5 A I do.</p> <p>6 Q Is that what lay folks like me refer to as</p> <p>7 an MRI?</p> <p>8 A Yes.</p> <p>9 Q Look in the second paragraph. It says,</p> <p>10 "Northern has been offering MRIs as a part</p> <p>11 of the diagnostic imaging department since</p> <p>12 1994, and today we serve both inpatients and</p> <p>13 outpatients." Do you see that?</p> <p>14 A I do.</p> <p>15 Q When Jordan Scott was presenting to the</p> <p>16 emergency department in August of 2014,</p> <p>17 would she be considered an inpatient or an</p> <p>18 outpatient?</p> <p>19 A She was an emergency room patient.</p> <p>20 Q So inpatient?</p> <p>21 A She doesn't really fall into either</p> <p>22 category.</p> <p>23 Q Assuming she was admitted?</p> <p>24 A If she was admitted, she would be an</p> <p>25 inpatient.</p>

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<p style="text-align: right;">Page 30</p> <p>1 Q Okay. And you see 1994. If Dr. Taylor 2 testified that, "Look, this is the 21st 3 Century; we ought to be able to have access 4 to an MRI," that would be consistent with 5 Northern's own website. Correct? 6 MR. BLANKENSHIP: 7 Object to the form. 8 A Correct. 9 MR. WOODARD: 10 I next want to show you "Exhibit 6," 11 which is another caption of Northern's 12 website. 13 Q Look at the top. It says, "Diagnostic 14 Imaging." Correct? 15 A Yes. Correct. 16 Q And if you see down toward the bottom, it 17 says, "Why should I have my imaging exam 18 done in an accredited facility?" Northern 19 is an accredited facility. Correct? 20 A I don't know. 21 Q Okay. According to this website? 22 MR. BLANKENSHIP: 23 Object. Speaks for itself. 24 MR. WOODARD: 25 That's fair.</p>	<p style="text-align: right;">Page 32</p> <p>1 MR. WOODARD: 2 I now want to show you "Exhibit 9," 3 which is a screen shot from another part 4 of that article. 5 Q It looks like the ACR has defined 6 "appropriateness" on when imaging is or is 7 not required. Do you see that highlighted 8 paragraph at the top? 9 A I do. 10 Q And in the paragraph toward the bottom, that 11 speaks to rating appropriateness. Do you 12 see that? 13 A I do. 14 Q Do you see the highlighted line toward the 15 bottom that says, "The direct or indirect 16 cost of a procedure are not considered as a 17 risk or harm when determining -- " quote, 18 unquote, " -- 'appropriateness'." 19 A I do. 20 Q Does that make sense to you? 21 A Yes. 22 Q And do you think that's how things ought to 23 be, especially in the emergency department, 24 considerations based on a financial -- or 25 excuse me. Strike that. Financial</p>
<p style="text-align: right;">Page 31</p> <p>1 Q Do you see the line I've highlighted there, 2 "ACR gold standards of gold seals of 3 accreditation?" 4 A I do. 5 Q ACR, is that the American College of 6 Radiology? 7 A Yes. 8 Q Are you aware that accreditation is required 9 for providers that bill for MRIs under 10 Medicare? 11 A I am not. 12 MR. WOODARD: 13 I want to show you "Exhibit 8." 14 (OFF RECORD DISCUSSION.) 15 Q "Exhibit 8" is entitled The ACR 16 Appropriateness Criteria. Do you see that? 17 A I do. 18 Q And again, that's the American College of 19 Radiology? 20 A Yes. 21 Q And whenever you, as an emergency room 22 physician, want to order diagnostic imaging, 23 do you work with your radiology department? 24 A I do. 25 Q Okay.</p>	<p style="text-align: right;">Page 33</p> <p>1 considerations should not be considered when 2 deciding which treatment to offer to a 3 particular patient? 4 MS. HOSKINS: 5 Object to the form. 6 MR. BLANKENSHIP: 7 Same objection. 8 A I do. 9 Q You do agree with that? 10 A I do agree with it. 11 Q And I'm not trying to trick you. If you 12 look at "Exhibit 9," I have one question 13 here. The top paragraph, "The concept of 14 appropriateness as applied to health care." 15 It's the second sentence of the first 16 paragraph. Do you see that? 17 A I do. 18 Q Do you understand the difference, if any, 19 between appropriateness and health care, or 20 does there appear to be a difference in this 21 article between appropriateness and the 22 practice of medicine? 23 A I'm not sure what you mean. 24 Q I'm not sure what I mean either. What does 25 that sentence mean to you?</p>

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<p>1 A They are defining appropriateness in the</p> <p>2 setting of health care.</p> <p>3 Q And in that definition, they say costs are</p> <p>4 not to be considered. Correct?</p> <p>5 MR. BLANKENSHIP:</p> <p>6 Object to the form.</p> <p>7 A I don't believe it mentions cost at all in</p> <p>8 that paragraph.</p> <p>9 Q I'm sorry. In the writing appropriate</p> <p>10 paragraph.</p> <p>11 A Yes.</p> <p>12 Q Have you ever heard of precertification?</p> <p>13 A I have.</p> <p>14 Q What is your understanding of what</p> <p>15 precertification means?</p> <p>16 A I think it's normally when someone has a</p> <p>17 test that's ordered on a non-emergency basis</p> <p>18 and the insurance company can require sort</p> <p>19 of oversight to see if that procedure is</p> <p>20 appropriate.</p> <p>21 Q Precertification is required or used in non-</p> <p>22 emergent basises?</p> <p>23 A That's my understanding.</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>	<p>1 been told, as an emergency room physician,</p> <p>2 you have different duties than a non-</p> <p>3 emergency doctor. Correct?</p> <p>4 A Correct.</p> <p>5 MS. HOSKINS:</p> <p>6 Object to the form.</p> <p>7 Q And those duties include you can't dump a</p> <p>8 patient just because he or she doesn't have</p> <p>9 insurance or money. Correct?</p> <p>10 A Correct.</p> <p>11 Q And you can't deny screening examinations to</p> <p>12 a patient just because he or she does not</p> <p>13 have money or insurance. Correct?</p> <p>14 A Correct.</p> <p>15 Q If there is necessary treatment that's</p> <p>16 available, you provide it without regard for</p> <p>17 insurance or for payment. Correct?</p> <p>18 A Correct.</p> <p>19 Q In your training and education of EMTALA,</p> <p>20 are you trained or informed on how to</p> <p>21 identify when there has been an EMTALA</p> <p>22 violation?</p> <p>23 A Yes. I think so.</p> <p>24 MR. WOODARD:</p> <p>25 On "Exhibit 10," I have another</p>
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<p>1 Q Is it your understanding that requiring</p> <p>2 precertification in emergency basis would be</p> <p>3 inappropriate?</p> <p>4 MR. BLANKENSHIP:</p> <p>5 Object to the form.</p> <p>6 A Yes.</p> <p>7 Q And it would be inappropriate because it</p> <p>8 would delay or deny possibly pressing or</p> <p>9 emergency medical needs to inquire into</p> <p>10 insurance?</p> <p>11 A Yes.</p> <p>12 Q And I'm guessing, as an emergency room</p> <p>13 physician, you are trained and educated on</p> <p>14 what I would call EMTALA?</p> <p>15 A Yes.</p> <p>16 Q What is your understanding of what EMTALA</p> <p>17 is?</p> <p>18 A It's a series of laws or rules, I guess,</p> <p>19 that state that we have to do everything</p> <p>20 within our power to determine that somebody</p> <p>21 is medically stable before you would then</p> <p>22 deny treatment to them, I suppose, or refer</p> <p>23 them somewhere else for treatment.</p> <p>24 Q Right. And you've been trained on that.</p> <p>25 You've been educated on that. And you've</p>	<p>1 screen shot from Northern's website on</p> <p>2 the precertification issue. This seems</p> <p>3 to echo what you were saying. It says,</p> <p>4 "You may preregister online at least</p> <p>5 three business days in advance of your</p> <p>6 requested procedure date." That does</p> <p>7 not seem to speak to emergency</p> <p>8 procedures. Correct?</p> <p>9 MR. BLANKENSHIP:</p> <p>10 Object to the form. It speaks for</p> <p>11 itself.</p> <p>12 A Correct.</p> <p>13 Q Emergencies, you don't get three day's</p> <p>14 notice. Correct?</p> <p>15 A Correct.</p> <p>16 Q And so, applying this precertification in an</p> <p>17 emergency setting would be kind of a square</p> <p>18 peg in a round hole?</p> <p>19 A Correct.</p> <p>20 MS. HOSKINS:</p> <p>21 Excuse me. Do you want to turn your</p> <p>22 speaker down?</p> <p>23 (OFF RECORD DISCUSSION).</p> <p>24 MR. WOODARD TO MR. SHOENFELT:</p> <p>25 Hey, Oscar.</p>

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<p style="text-align: right;">Page 38</p> <p>1 MR. SHOENFELT:</p> <p>2 Yes?</p> <p>3 MR. WOODARD:</p> <p>4 Mute your phone for me. And I'm not</p> <p>5 trying to hush you up, just in case you</p> <p>6 need to engage.</p> <p>7 MS. HOSKINS:</p> <p>8 Just for clarification, Oscar is on</p> <p>9 your cell phone listening.</p> <p>10 MR. WOODARD:</p> <p>11 That's right.</p> <p>12 MR. WOODARD:</p> <p>13 Now, "Exhibit 11" is a screen shot</p> <p>14 from Northern's website.</p> <p>15 Q And this also seems to echo what you were</p> <p>16 saying. The part at the bottom, "If you</p> <p>17 don't have insurance, no one will be denied</p> <p>18 necessary medical care due to lack of</p> <p>19 insurance or inability to pay." Do you see</p> <p>20 that?</p> <p>21 A I do.</p> <p>22 Q That's what you've been trained to do as an</p> <p>23 ER physician?</p> <p>24 A Correct.</p> <p>25 Q That's consistent with your Hippocratic</p>	<p style="text-align: right;">Page 40</p> <p>1 on its website the thirty minutes or less</p> <p>2 pledge. Have you ever seen that?</p> <p>3 A I have.</p> <p>4 Q And that basically says you're going to get</p> <p>5 meaningful service within thirty minutes.</p> <p>6 You're going to be treated on an as-needed</p> <p>7 basis based on the severity of the condition</p> <p>8 presented. Correct?</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Object to the form.</p> <p>13 A I think what it means is that you will be</p> <p>14 seen and triaged within thirty minutes of</p> <p>15 your arrival to the emergency department.</p> <p>16 Q You will be seen and triaged within thirty</p> <p>17 minutes. And then, after that, you're going</p> <p>18 to be pigeonholed into, okay, here is a</p> <p>19 runny nose, and then on the other end of the</p> <p>20 continuum we've got a heart attack or</p> <p>21 neurological deficits, something like that.</p> <p>22 Correct?</p> <p>23 A Correct.</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>
<p style="text-align: right;">Page 39</p> <p>1 oath?</p> <p>2 A Correct.</p> <p>3 Q And a policy or a practice or even a single</p> <p>4 instance in violation of that would</p> <p>5 constitute an EMTALA violation. Correct?</p> <p>6 MS. HOSKINS:</p> <p>7 Object to the form.</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Object to the form.</p> <p>10 Q I can rephrase the question. Accepting</p> <p>11 Dr. Taylor's testimony as true that there</p> <p>12 was an emergency condition, that the MRI was</p> <p>13 available, that the MRI was requested, that</p> <p>14 the MRI was denied because of insurance</p> <p>15 inquiries, it's your understanding that</p> <p>16 would result in an EMTALA violation.</p> <p>17 Correct?</p> <p>18 MS. HOSKINS:</p> <p>19 Object to the form.</p> <p>20 MR. BLANKENSHIP:</p> <p>21 Object to the form.</p> <p>22 A Yes.</p> <p>23 MR. WOODARD:</p> <p>24 "Exhibit 12."</p> <p>25 Q Northern Louisiana Medical Center represents</p>	<p style="text-align: right;">Page 41</p> <p>1 Q With this thirty-minute pledge in mind, if</p> <p>2 Dr. Taylor testified that he wanted an MRI</p> <p>3 for a twelve-year-old girl with neurological</p> <p>4 deficits in her hands and feet as early as</p> <p>5 9 a.m. and she did not obtain the MRI until</p> <p>6 3 p.m., do you think that would be</p> <p>7 consistent with the thirty-minute pledge?</p> <p>8 MS. HOSKINS:</p> <p>9 Object to the form.</p> <p>10 MR. BLANKENSHIP:</p> <p>11 Object to the form.</p> <p>12 A I don't think the pledge applies to that as</p> <p>13 long as she was seen and triaged within</p> <p>14 thirty minutes of her arrival to the ER.</p> <p>15 Q Okay. Do you think that would be</p> <p>16 consistent, the scenario I just gave to you,</p> <p>17 MRI requested as early as 9 a.m., not</p> <p>18 conducted until 3 p.m. with emergency</p> <p>19 progressing neurological deficits in a</p> <p>20 twelve-year-old girl? Do you think that gap</p> <p>21 in time is consistent with best practices at</p> <p>22 Northern Louisiana Medical Center's</p> <p>23 emergency department?</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>

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<p>1 MR. BLANKENSHIP: 2 Object to the form. 3 A Again, an MRI is not something that is 4 available to us through the emergency room. 5 Q Fair point. That would be an instance 6 where, assuming those facts as true, request 7 at 9:00, MRI finally given at 3:00, if you 8 accept Dr. Taylor's testimony, he was doing 9 everything he could to try to get the MRI in 10 that time frame. But because of a business 11 decision at the hospital, he could not get 12 it, -- 13 MR. BLANKENSHIP: 14 Object to the form. 15 Q -- assuming those facts as true. Is that 16 correct? 17 A That's correct. 18 Q Now, I know you feel like you're probably 19 banging your head against the wall and I'm 20 almost done, but it's my understanding you 21 say "MRIs can't be ordered from the 22 emergency room department because that's not 23 a modality we use." Is that a fair 24 characterization of your testimony? 25 A Yes.</p>	<p>1 the faster modality to try to rule in or out 2 an emergency condition, and then move on to 3 the next step. 4 Q But there are certain things that an MRI 5 will pick up that a CT scan will not pick 6 up. Correct? 7 A Correct. 8 Q And, say, blood thickness, the density of 9 blood around, say, a spinal cord. That may 10 be an incident where you can run a CT scan 11 and it won't pick up, but an MRI would 12 definitely pick that up. Correct? 13 A I'm not a radiologist, so I'm not sure about 14 that. 15 Q Sure. 16 A My understanding is that I think blood -- 17 acute blood shows up fairly well on a CAT 18 scan, but there certainly may be things that 19 an MRI would pick up that a CAT scan can't. 20 Q Which test is typically more expensive, a CT 21 scan or an MRI? 22 A I have no direct knowledge of that. 23 Q Do you have any knowledge -- when you say 24 you have no direct knowledge, do you have 25 any indirect knowledge?</p>
Page 43	Page 45
<p>1 Q And you don't know -- you don't know why 2 that's something that's not available to 3 y'all? 4 MS. HOSKINS: 5 Object to the form. 6 MR. BLANKENSHIP: 7 Same objection. 8 A No, not directly. 9 Q Can you think of any legitimate reason if 10 the radiology department is right down the 11 hall, the MRI machine is right down the 12 hall, why you can't have access to that in 13 the special cases where you may need it as 14 an emergency room physician? 15 MS. HOSKINS: 16 Object to the form. 17 MR. BLANKENSHIP: 18 Same objection. 19 A I don't know exactly how to answer that. 20 It's just always been we try to use another 21 modality that's faster in itself to try to 22 rule out emergency conditions. A CT can be 23 done in a few minutes whereas an MRI takes, 24 you know, a half hour or an hour, you know, 25 to do the procedure. So typically, we use</p>	<p>1 A No, not really. I honestly have no idea 2 what things cost. 3 Q Okay. Who would be the best person to ask 4 that? 5 A I guess someone in the billing department. 6 I don't -- I don't really know. 7 Q Who is in charge of the billing department? 8 A I have no idea. 9 Q You don't know? 10 A No. 11 Q It sounds like you walk into work like I do, 12 ready to get in and get out. 13 A That's right. 14 Q But I think you said, in an ideal world, you 15 would like to have the option to press a 16 button and get an MRI if a particular case 17 came in front of you and you decided you 18 wanted one. Correct? 19 MR. BLANKENSHIP: 20 Object to the form. 21 MS. HOSKINS: 22 Object to the form. 23 A Yes. 24 Q You said an MRI can take thirty minutes to 25 an hour to conduct?</p>

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1 A Yes.  
2 Q And a CT scan about fifteen minutes?  
3 A Closer to five, probably, for most CTs.  
4 Q Okay. What about an x-ray?  
5 A A few seconds.  
6 MR. WOODARD:  
7 Can we go off the record real quick?  
8 I'd like to talk with my counsel.  
9 MS. HOSKINS:  
10 Sure.  
11 MR. BLANKENSHIP:  
12 Sure.  
13 (OFF RECORD.)  
14 EXAMINATION  
15 BY MR. WOODARD, continuing:  
16 Q All right. Doctor, a few more questions and  
17 you're off. If a -- I want you to put  
18 yourself in Dr. Taylor's shoes. If a young  
19 twelve-year-old girl comes in with  
20 progressing neurological deficits in her  
21 hands and feet and you have reason to  
22 believe there is a compression of the cord  
23 which would require an MRI, what would you  
24 do to try to get an MRI ordered and  
25 conducted for that patient?

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1 MS. HOSKINS:  
2 Object to the form.  
3 MR. BLANKENSHIP:  
4 Same objection.  
5 A Assuming all of those things, should have  
6 two options. I could probably call and try  
7 to talk to the radiologist directly and see  
8 if that's something that we could get done,  
9 or transfer her to a facility where an MRI  
10 is routinely available, assuming I knew all  
11 of this.  
12 Q And who would you call when you say "and  
13 talk to the radiologist"?  
14 A Whoever was on duty for that day. Or I may  
15 call and try to talk with the orthopaedic  
16 surgeon to see if they could order the MRI.  
17 Q And if the request to radiology and the  
18 request to another physician were denied,  
19 you would then say, "Look, I recommend this  
20 patient for transfer"?  
21 A Assuming all of those things, yes, probably.  
22 Q Okay. Are there any written rules on when  
23 you can order an MRI from the emergency  
24 room?  
25 A I don't know. I have not seen a written

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1 rule.  
2 Q And remind me. You've been here off and on  
3 since 2005?  
4 A I have.  
5 Q Any training on when you can or cannot order  
6 an MRI from the emergency room?  
7 MR. BLANKENSHIP:  
8 Here at the hospital or in general  
9 as part of his medical training?  
10 Q I think he understands the question.  
11 A No. I don't think there's any specific  
12 training. It's just sort of what I've  
13 experienced in practice.  
14 Q Is it your understanding that a patient has  
15 to be admitted to obtain an MRI?  
16 A At this facility.  
17 Q At Northern?  
18 A Correct. Or done on an outpatient basis.  
19 Q Which would be a non-emergency setting.  
20 A Correct.  
21 Q So, the only way an emergency room MRI can  
22 be conducted at this facility is admitting  
23 the patient?  
24 MS. HOSKINS:  
25 Object to the form.

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1 MR. BLANKENSHIP:  
2 Join the objection.  
3 A That wouldn't be an emergency room MRI.  
4 Q Sure. You said that an MRI is different from  
5 the other tests in that it can be done in  
6 fifteen to thirty minutes. Are there also  
7 some additional benefits to MRIs as opposed  
8 to a CT scan and an x-ray?  
9 A Yes, there are things we can see on an MRI  
10 that we can't see on the other two.  
11 Q And that's why I think you used the phrase  
12 "ideal world." You'd like to be able to  
13 have that option. Correct?  
14 MR. BLANKENSHIP:  
15 Object to the form.  
16 A Correct.  
17 Q Have you ever discussed with anyone at the  
18 hospital -- doctors, nurses, administration  
19 why MRIs are not available on the software  
20 that you mentioned?  
21 MS. HOSKINS:  
22 Object to the form.  
23 MR. BLANKENSHIP:  
24 Same objection.  
25 A I have not.

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<p style="text-align: right;">Page 50</p> <p>1 Q When you were a resident, did you ever order 2 an MRI from the emergency room? 3 A I don't know for sure. I trained at a much 4 larger facility, so it's possible. 5 Q Aside from being a slightly longer test, can 6 you think of any other reason as to why you 7 would not be allowed to order an MRI from 8 the emergency room? 9 MR. BLANKENSHIP: 10 Object to the form. 11 MS. HOSKINS: 12 Object to the form. 13 A Normally, we can rule in or out what we need 14 to based on other modalities. 15 Q But you would agree, in an emergency 16 department, there's really no such thing as 17 normal. Correct? You get new cases every 18 day. 19 A Correct. 20 Q All right. Let me make sure I understand 21 this note from my counsel. Are you 22 testifying that the emergency department 23 here does not include determining if a 24 patient needs a MRI on an emergency basis if 25 that is available to an in-patient?</p>	<p style="text-align: right;">Page 52</p> <p>1 A Or the radiology department, possibly. 2 Q And if the radiology department said that 3 was not its decision, it'd be safe to assume 4 that came from the business department or 5 administration at Northern? 6 MR. BLANKENSHIP: 7 Same objection. 8 A Yes. 9 Q Would you agree with Dr. Taylor's testimony 10 if he said that minutes can be critical when 11 you're talking about compression of the 12 spinal cord in a patient such as a twelve 13 year old girl with progressing neurological 14 deficits? 15 MS. HOSKINS: 16 Object to the form. 17 MR. BLANKENSHIP: 18 Same objection. 19 A Yes, I would agree with that. 20 Q And so, your options that you're allowed as 21 an emergency room physician, if you're ever 22 presented with a situation that requires an 23 MRI, you either call radiology, you call 24 another doctor such as an ortho, or you 25 transfer. Correct?</p>
<p style="text-align: right;">Page 51</p> <p>1 A I'm not sure I understand the question. 2 Q I don't either. I'll move on. And again, 3 you said, if you need an MRI, you've got to 4 admit the patient. Correct? 5 A Correct. 6 Q And so, that would be an administrative 7 decision where Northern has not allowed the 8 emergency department to order an MRI. 9 Correct? 10 MR. BLANKENSHIP: 11 Object to the form. 12 A I'm not sure where the decision came from. 13 It's not my decision. 14 Q You're not aware that it was Dr. Alam's 15 decision? 16 A No. 17 Q You're not aware that it was Dr. Taylor's 18 decision? 19 A No. 20 Q You're not aware of any physician who said 21 hey, we don't want to be able to order an 22 MRI? 23 A Correct. 24 Q Would it be safe to assume that that came 25 from administration?</p>	<p style="text-align: right;">Page 53</p> <p>1 A Yes. 2 Q And all three of those decision take a 3 significant amount of time. 4 A Correct. 5 Q The actual call to radiology, is that you 6 pick up your cell phone and you call them or 7 do you have a phone in your office? 8 A At the nurses' station. 9 Q All right. And if you call her and she 10 denies and says we can't do that, then you 11 call the doctor and he says we can't do 12 that, that's several minutes which have 13 passed. Correct? 14 A Correct. 15 Q And then, if you transfer, where would you 16 transfer the patient? 17 A Typically, LSU-Shreveport. 18 Q And that's about an hour and a half drive, 19 if you're booking it. Correct? 20 A About an hour. 21 Q By helicopter, how long are we talking? 22 MR. BLANKENSHIP: 23 Object to the form. Calls for 24 speculation. 25 A I think it's about twenty or thirty minutes.</p>

14 (Pages 50 to 53)

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1 Q And you're aware of instances where patients  
2 have been transferred from here to  
3 Shreveport by helicopter?  
4 A Yes.  
5 Q And you're aware of both the time they've  
6 left and the time they've arrived,  
7 generally?  
8 A Generally.  
9 Q So, it wouldn't call for speculation on your  
10 part, would it?  
11 A I suppose not.  
12 Q But those are the only three options you  
13 have available, calling radiology, calling  
14 another doctor, and transferring the  
15 patient. Correct?  
16 A Correct.  
17 Q And all three of those options take time.  
18 A Correct.  
19 Q Time in a situation, a hypothetical I'll  
20 pose to you, where minutes are very  
21 critical.  
22 A Correct.  
23 Q Okay.  
24 MR. WOODARD:  
25 Thank you, Doctor.

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1 MS. HOSKINS:  
2 Trey?  
3 MR. ZEIGLER:  
4 No questions.  
5 MR. BLANKENSHIP:  
6 Good morning, Dr. Calvert. Again,  
7 I'm Kurt Blankenship and I represent the  
8 hospital. I do have some questions for  
9 you.  
10 EXAMINATION  
11 BY MR. BLANKENSHIP:  
12 Q Touching on the helicopter flights to  
13 Shreveport, you have ridden on those  
14 helicopter flights with the patient?  
15 A Not to Shreveport; no, sir.  
16 Q So your understanding of the time frame  
17 involved is just a general understanding you  
18 have, not based on any personal knowledge of  
19 yours. Correct?  
20 A Yes, sir.  
21 Q All right. You've said several times in  
22 your testimony this morning that you can  
23 rule out conditions faster using other  
24 modalities than an MRI. Is that a fair  
25 understanding of what you said?

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1 A Yes.  
2 Q And you've told us that the CAT scan can  
3 take just a few minutes; x-rays just a few  
4 seconds, and the MRI takes longer, thirty  
5 minutes to an hour.  
6 A Yes.  
7 Q So, my sense from what you're saying, my  
8 understanding of what you're saying, in  
9 general, is that because you're in an  
10 emergency room setting, you generally go to  
11 the faster tests that you as the physician  
12 believes will rule in or out a condition or  
13 a possible diagnosis and ascertain faster  
14 whether the condition is present or not.  
15 Correct?  
16 A Correct.  
17 Q And that's why you would normally order the  
18 CT first, because that rules in or out a  
19 number of modalities. Correct?  
20 A Correct.  
21 Q You would agree with me, wouldn't you,  
22 Doctor, that a radiologist is, by virtue of  
23 his specialized -- his or her specialized  
24 training and experience, better qualified  
25 than an ER physician to determine what

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1 medical conditions are best ruled in and out  
2 by an MRI?  
3 MR. WOODARD:  
4 Object to form.  
5 A They certainly have more specialized  
6 training than we do.  
7 Q Okay. And they have more specialized  
8 training in interpreting MRIs than you do as  
9 an ER physician.  
10 A Correct.  
11 Q Do you ever, as an ER physician, interpret  
12 the MRI itself?  
13 A Not an MRI, no.  
14 Q But you do interpret tests?  
15 A Preliminary interpretations. They're always  
16 over rid by a radiologist.  
17 Q It's fair to say, isn't it, that you rely on  
18 the radiologist to give sort of a definitive  
19 interpretation of either the CAT scan or the  
20 MRI?  
21 A Correct.  
22 Q Now, you were asked what would your options  
23 be if a twelve year old girl presented with  
24 neurological deficits and you described  
25 those for us, and I want to go back over

15 (Pages 54 to 57)

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<p style="text-align: right;">Page 58</p> <p>1 just a couple of them. First of all, your</p> <p>2 decision making path would depend, wouldn't</p> <p>3 it, on a number of things that you as the ER</p> <p>4 physician learn or see as part of your</p> <p>5 treatment and examination of the patient.</p> <p>6 And, by that, I mean first you'd be looking</p> <p>7 at the history the patient gave you.</p> <p>8 A Correct.</p> <p>9 Q Then you'd be relying on your clinical</p> <p>10 assessment of the patient in whether or not</p> <p>11 neurological deficits are demonstrated.</p> <p>12 Correct?</p> <p>13 A Correct.</p> <p>14 Q And then, based on your training and</p> <p>15 experience, that information, the history</p> <p>16 and your clinical assessment, would lead you</p> <p>17 down one of several paths as to what further</p> <p>18 testing you would want to do to make a more</p> <p>19 definitive diagnosis. Correct?</p> <p>20 A Correct.</p> <p>21 Q And that's the normal course of events for</p> <p>22 ER physicians when they're treating and</p> <p>23 examining patients in the ER. Correct?</p> <p>24 A Correct.</p> <p>25 Q All right. And one of those options that's</p>	<p style="text-align: right;">Page 60</p> <p>1 not decide to order an MRI himself.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q And you've also testified earlier that</p> <p>5 you've worked in six or seven emergency</p> <p>6 rooms in the course of your career?</p> <p>7 A Yes.</p> <p>8 Q When did you start practicing emergency</p> <p>9 medicine?</p> <p>10 A I believe 1999.</p> <p>11 Q All right. And you've been here since 2005.</p> <p>12 That's what you told us. Correct?</p> <p>13 A Correct.</p> <p>14 Q All right.</p> <p>15 MS. HOSKINS:</p> <p>16 I think he said "off and on" --</p> <p>17 MR. BLANKENSHIP:</p> <p>18 Okay.</p> <p>19 MS. HOSKINS:</p> <p>20 -- since 2005.</p> <p>21 MR. BLANKENSHIP:</p> <p>22 All right.</p> <p>23 Q Have you worked in other emergency rooms</p> <p>24 that are part of a facility that is</p> <p>25 comparable to Northern Louisiana Medical</p>
<p style="text-align: right;">Page 59</p> <p>1 available to you is to consult with a</p> <p>2 specialist. Correct?</p> <p>3 A Correct.</p> <p>4 Q All right. And there at Northern Louisiana</p> <p>5 Medical Center, in August of 2014, there was</p> <p>6 an orthopaedic surgeon available to consult</p> <p>7 with. Right? Dr. Major Blair?</p> <p>8 A I'm not certain, you know, who was on call</p> <p>9 that day or when he -- he's gone from this</p> <p>10 facility and I don't know when he left.</p> <p>11 Q Let me make it just a general question.</p> <p>12 Generally, are there specialists available</p> <p>13 to consult with?</p> <p>14 A We only have one orthopaedist on staff right</p> <p>15 now, so he's on call sometimes and he's not</p> <p>16 other times. I believe at that particular</p> <p>17 time there was probably coverage every day</p> <p>18 for orthopaedics.</p> <p>19 Q Okay. But an orthopaedic surgeon would be</p> <p>20 one of the types of specialists that you</p> <p>21 could potentially consult as an ER physician</p> <p>22 when you're confronted with a suspected</p> <p>23 spinal cord injury. Correct?</p> <p>24 A Correct.</p> <p>25 Q All right. And that physician may or may</p>	<p style="text-align: right;">Page 61</p> <p>1 Center? And, by that, I'm just trying to</p> <p>2 distinguish between a facility like</p> <p>3 LSU-Shreveport and a facility like just a</p> <p>4 rural clinic. You know, there's a spectrum</p> <p>5 of facilities available.</p> <p>6 A Most of the other facilities I have worked</p> <p>7 at have had more options available than</p> <p>8 Northern Louisiana Medical Center.</p> <p>9 Q Okay. And when you say "options available,"</p> <p>10 are you --</p> <p>11 A Specialty services available.</p> <p>12 Q Right, that's what I was getting at. You're</p> <p>13 talking about they might have neurologists</p> <p>14 on staff or they might have neurosurgeons on</p> <p>15 staff, things like that.</p> <p>16 A Correct.</p> <p>17 Q Okay. Now, you were asked if you were</p> <p>18 trained to identify EMTALA violations. And</p> <p>19 he first asked you -- EMTALA is a federal</p> <p>20 law, is it not?</p> <p>21 A It is.</p> <p>22 Q All right. And you're not trained in the</p> <p>23 practice of law. Correct?</p> <p>24 A I am not.</p> <p>25 Q And you're not called upon to determine</p>

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<p style="text-align: right;">Page 62</p> <p>1 whether certain fact scenarios constitute a</p> <p>2 violation of the law or not. Correct?</p> <p>3 A I'm not.</p> <p>4 Q You have a basic understanding as a</p> <p>5 physician of what EMTALA obligates you as a</p> <p>6 physician to do. Correct?</p> <p>7 A Correct.</p> <p>8 Q And to summarize that obligation, is it fair</p> <p>9 to say that it's basically to triage and</p> <p>10 stabilize the patient within the</p> <p>11 capabilities of the facility. Correct?</p> <p>12 A Correct.</p> <p>13 Q And that process, the triage unit and the</p> <p>14 stabilization of the patient is to be done</p> <p>15 without consideration for finances.</p> <p>16 Correct?</p> <p>17 A Correct.</p> <p>18 Q All right. And that's what you believe you</p> <p>19 do here as the ER physician at Northern</p> <p>20 Louisiana Medical Center. Correct?</p> <p>21 A Correct.</p> <p>22 Q You never ask a patient, I'm going to order</p> <p>23 this test, can you pay for it?</p> <p>24 A No, I don't.</p> <p>25 Q That's never a consideration for you?</p>	<p style="text-align: right;">Page 64</p> <p>1 of the hospital. Correct?</p> <p>2 A Correct.</p> <p>3 Q And it's your prerogative as the physician</p> <p>4 to decide whether a patient could best be</p> <p>5 treated for a specific condition at another</p> <p>6 facility. Correct?</p> <p>7 A Correct.</p> <p>8 Q And then, recommend or order the transfer.</p> <p>9 Correct?</p> <p>10 A Correct.</p> <p>11 Q And that happens all the time for an</p> <p>12 emergency room physician. Correct?</p> <p>13 A Correct.</p> <p>14 Q You said, I believe, that you don't have any</p> <p>15 knowledge of the specifics of this case.</p> <p>16 Correct?</p> <p>17 A Correct.</p> <p>18 Q And just to be clear for the record, you</p> <p>19 have not reviewed the medical chart for</p> <p>20 Jordan Scott's visit to the emergency room</p> <p>21 on August 19, 2014?</p> <p>22 A I have not.</p> <p>23 Q I believe you said at one point, if I wrote</p> <p>24 it down correctly, that you've never worked</p> <p>25 in an ER where the MRI is available.</p>
<p style="text-align: right;">Page 63</p> <p>1 A No, it's not.</p> <p>2 Q And I take it that in your practice as an</p> <p>3 emergency room physician here at the</p> <p>4 hospital at Northern Louisiana Medical</p> <p>5 Center, you don't get involved in any</p> <p>6 decisions about whether a test is going to</p> <p>7 be paid for by the patient's insurance</p> <p>8 company or the patient himself or not.</p> <p>9 A I don't, no.</p> <p>10 Q You're not trained or familiar with the</p> <p>11 requirements of various health insurers and</p> <p>12 their contracts with their patients in the</p> <p>13 hospital. Correct?</p> <p>14 A I am not.</p> <p>15 Q You were asked a number of questions about</p> <p>16 administration making decisions versus</p> <p>17 physicians making decisions. Let me phrase</p> <p>18 it to you this way: You as the physician,</p> <p>19 it's your prerogative, isn't it, to assess</p> <p>20 the patient and make the appropriate</p> <p>21 diagnosis. Correct?</p> <p>22 A Correct.</p> <p>23 Q And it's your prerogative to order what</p> <p>24 tests you believe are necessary to make that</p> <p>25 diagnosis, if they're within the capability</p>	<p style="text-align: right;">Page 65</p> <p>1 Correct?</p> <p>2 A Correct.</p> <p>3 Q So, if that is the policy or the practice</p> <p>4 here, and I'm not suggesting that it is, but</p> <p>5 if it is, it's not unusual in your</p> <p>6 experience, is it?</p> <p>7 A Correct.</p> <p>8 Q I want to show you, Dr. Calvert, a document</p> <p>9 that was identified and attached as an</p> <p>10 exhibit in a previous deposition in this</p> <p>11 case. I'll give you a minute to take a look</p> <p>12 at it, but I'll represent to you while</p> <p>13 you're looking at it that this is a list of</p> <p>14 MRIs ordered through the emergency room here</p> <p>15 at Northern Louisiana Medical Center from</p> <p>16 roughly 2013 to 2016 that was generated from</p> <p>17 the hospital's computer system. And, as you</p> <p>18 can see, the name of the patient is redacted</p> <p>19 from this document. If you look at the</p> <p>20 first page of this attachment, the third</p> <p>21 line down indicates that you, yourself,</p> <p>22 ordered an MRI through the emergency room on</p> <p>23 April 28th, 2014. Let me first ask you, you</p> <p>24 treat, in the course of any shift in the ER,</p> <p>25 anywhere from ten or so patients to maybe</p>

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<p style="text-align: right;">Page 66</p> <p>1 multiple tens of patients. Correct?</p> <p>2 A Typically, twenty-five patients or so.</p> <p>3 Q And you normally do how many ER shifts a</p> <p>4 month?</p> <p>5 A Sixteen to eighteen.</p> <p>6 Q So, just roughly doing the math, you take</p> <p>7 care of at least several hundred patients</p> <p>8 per month every month. Correct?</p> <p>9 A Correct.</p> <p>10 Q And it would be straining or taxing the</p> <p>11 ability of anyone to remember all the</p> <p>12 specifics of the patients that they treat.</p> <p>13 Correct?</p> <p>14 A Correct.</p> <p>15 Q All right. So, with that by way of</p> <p>16 background, first let me ask if you</p> <p>17 specifically recall ordering a brain MRI</p> <p>18 without contrast for a patient on</p> <p>19 April 28th, 2014?</p> <p>20 A I do not.</p> <p>21 Q But, given this list, do you have any reason</p> <p>22 to believe that the hospital computer system</p> <p>23 is inaccurate when it says that such an MRI</p> <p>24 was ordered?</p> <p>25 A I do not. But my suspicion is that that was</p>	<p style="text-align: right;">Page 68</p> <p>1 Q And what about Dr. Beau Burton?</p> <p>2 A He's a -- I believe a nurse practitioner in</p> <p>3 the ER.</p> <p>4 Q Okay. Does he work with your group?</p> <p>5 A He does.</p> <p>6 Q Or for your group? All right. And</p> <p>7 Dr. Regan Bonan?</p> <p>8 A Green Clinic Internal Medicine.</p> <p>9 Q Okay. So, we've seen enough names to know</p> <p>10 that the ordering physician here is a</p> <p>11 mixture of Green Clinic Physicians and ER</p> <p>12 physicians. Correct?</p> <p>13 A Correct.</p> <p>14 Q All right. And the list speaks for itself,</p> <p>15 but you can verify for us, can't you, that a</p> <p>16 number of the MRIs shown ordered here are of</p> <p>17 the cervical spine. Correct?</p> <p>18 A Yes. It looks like three of them.</p> <p>19 Q Okay. And then some are of the lumbar</p> <p>20 spine. Correct?</p> <p>21 A Correct.</p> <p>22 Q At least one is of the thoracic spine.</p> <p>23 A Correct.</p> <p>24 Q And then, a lot of them are either of the</p> <p>25 head or the brain.</p>
<p style="text-align: right;">Page 67</p> <p>1 ordered as an in-patient.</p> <p>2 Q Okay. There's a code that allows us to</p> <p>3 determine whether they were in-patient or</p> <p>4 outpatients but it shows you as the ordering</p> <p>5 physician. Correct? And the other people</p> <p>6 listed in the ordering physician column, let</p> <p>7 me ask you about some of these. First of</p> <p>8 all, you'll notice that Dr. Alam's office --</p> <p>9 I mean, name appears many times. Do you see</p> <p>10 that?</p> <p>11 A I do.</p> <p>12 Q Are you familiar with Dr. Holly Kidd?</p> <p>13 A I am.</p> <p>14 Q And who is that? Is that another ER</p> <p>15 physician?</p> <p>16 A No, it's not. She's a Green Clinic Internal</p> <p>17 Medicine doctor.</p> <p>18 Q All right. And Dr. Martin Blackwelder?</p> <p>19 A Green Clinic Internal Medicine.</p> <p>20 Q You see Dr. Taylor's name there?</p> <p>21 A I do.</p> <p>22 Q And then, Dr. Jacqueline White?</p> <p>23 A I do.</p> <p>24 Q Who is that?</p> <p>25 A She's an emergency room doctor.</p>	<p style="text-align: right;">Page 69</p> <p>1 A Correct.</p> <p>2 Q Okay. Does it happen sometimes,</p> <p>3 Dr. Calvert, either in the emergency room</p> <p>4 here at Northern Louisiana Medical Center or</p> <p>5 others that if you believe an MRI might be</p> <p>6 appropriate for a patient for whatever</p> <p>7 reason, that you would call the radiologist</p> <p>8 on duty and say, hey, I've got a patient</p> <p>9 here. This is what I'm seeing. I think</p> <p>10 maybe an MRI is in order. What do you</p> <p>11 think? Does that happen?</p> <p>12 A Yes.</p> <p>13 Q All right. And under those circumstances,</p> <p>14 does the radiologist sometimes respond that</p> <p>15 yeah, I agree. Send him up. We'll do an</p> <p>16 MRI. Or, try this first or anything like</p> <p>17 that?</p> <p>18 A I can't remember a specific instance but,</p> <p>19 yes, they would go over the possibilities,</p> <p>20 you know, of potential things that we could</p> <p>21 do to try to take care of the patient.</p> <p>22 Q Okay. Is it fair to say that the</p> <p>23 radiologist, the physician radiologist is</p> <p>24 sort of the gatekeeper for determining</p> <p>25 whether an MRI is appropriate for a patient?</p>

18 (Pages 66 to 69)

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<p>1 A I'm not sure that I would use the term</p> <p>2 "gatekeeper," but they have, certainly, more</p> <p>3 training to know whether the test is</p> <p>4 appropriate or not.</p> <p>5 Q Okay. You were asked a number of questions</p> <p>6 about whether you had ever discussed the</p> <p>7 unavailability, as you described, of MRIs</p> <p>8 here with either administration or other</p> <p>9 physicians, and I want to ask you about</p> <p>10 that. First of all, to use the term</p> <p>11 "unavailability," it has different meanings</p> <p>12 in my mind, so I want to clarify that. An</p> <p>13 MRI machine is present here in the hospital.</p> <p>14 Correct?</p> <p>15 A Yes.</p> <p>16 Q And MRIs can be physically performed here in</p> <p>17 the hospital. Correct?</p> <p>18 A Correct.</p> <p>19 Q So, another way of saying "unavailability,"</p> <p>20 as you've been describing it, of saying is</p> <p>21 it's not normally ordered through the ER?</p> <p>22 An MRI is not normally ordered through the</p> <p>23 ER?</p> <p>24 A I have not ever ordered an MRI from the</p> <p>25 emergency room.</p>	<p>1 privileges to the hospital. As sort of part</p> <p>2 of the customary procedure, we write what</p> <p>3 we'll call "bridge orders" to get the</p> <p>4 patient admitted to the hospital. The order</p> <p>5 technically comes from me, but it's on</p> <p>6 behalf of the admitting physician.</p> <p>7 Q Okay. It happens, though, sometimes that</p> <p>8 you don't actually talk to the admitting</p> <p>9 physician when you're writing the bridge</p> <p>10 orders, right? You have sort of a standard</p> <p>11 protocol for ordering sets of tests for</p> <p>12 specific kinds of patients, right?</p> <p>13 A Yes, but we always discuss admissions with</p> <p>14 the admitting physician.</p> <p>15 Q Okay.</p> <p>16 A But yes, there's a typical work up for a</p> <p>17 heart patient or a --</p> <p>18 Q But you don't necessarily have to talk to</p> <p>19 the admitting physician to know what that</p> <p>20 is. Correct?</p> <p>21 A Correct.</p> <p>22 Q Now, getting back to the questions about</p> <p>23 discussions, have you ever discussed this</p> <p>24 unavailability, as you've described it, of</p> <p>25 the MRIs through the emergency room with</p>
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<p>1 Q That you recall?</p> <p>2 A I have not ever ordered an MRI other than on</p> <p>3 an in-patient.</p> <p>4 Q Even though this computer sheet shows that</p> <p>5 it was ordered for --</p> <p>6 MR. WOODARD:</p> <p>7 Object to form. He's stated he</p> <p>8 thinks that was an in-patient.</p> <p>9 Q I think you said you suspect it was an</p> <p>10 in-patient.</p> <p>11 A It's not possible for me to order an MRI</p> <p>12 from the emergency room; so if this shows up</p> <p>13 under my name, chances are that was an MRI</p> <p>14 written on admission orders. And I write</p> <p>15 for those every day.</p> <p>16 Q For a patient that is going to be admitted.</p> <p>17 A For a patient who's going to be admitted.</p> <p>18 Q Right. And when you write the admission</p> <p>19 orders under those circumstances, is that an</p> <p>20 order that you, yourself, are generating,</p> <p>21 for lack of a better way to describe it, or</p> <p>22 is that an order that comes from another</p> <p>23 physician?</p> <p>24 A I think technically it's from another</p> <p>25 physician because we don't have admitting</p>	<p>1 other physicians here?</p> <p>2 A Not that I recall.</p> <p>3 Q Because, again, in your experience, it's not</p> <p>4 that unusual, right?</p> <p>5 A Correct.</p> <p>6 Q And I'm not sure you were asked this</p> <p>7 specific question, so I want to ask it:</p> <p>8 You've never had any discussion with anyone</p> <p>9 in hospital administration about</p> <p>10 unavailability of MRIs through the ER as you</p> <p>11 have described it in this testimony today?</p> <p>12 A I have not.</p> <p>13 Q And I think we know the answer to this</p> <p>14 question but, just to be sure, to get ready</p> <p>15 for this deposition today, you didn't review</p> <p>16 any physical documents. Correct?</p> <p>17 A I did not.</p> <p>18 MR. BLANKENSHIP:</p> <p>19 Thank you, Dr. Calvert.</p> <p>20 MR. WOODARD:</p> <p>21 I've got a few follow-ups.</p> <p>22 WITNESS:</p> <p>23 Okay.</p> <p>24 MR. WOODARD:</p> <p>25 This sheet, what do you want to mark</p>

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<p>1 this, Mr. Blankenship?</p> <p>2 MR. BLANKENSHIP:</p> <p>3 Your last number was ten, I believe,</p> <p>4 so we can make it eleven.</p> <p>5 COURT REPORTER:</p> <p>6 The last number was twelve.</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Twelve? Let's make it "13."</p> <p>9 REEXAMINATION</p> <p>10 BY MR. WOODARD:</p> <p>11 Q Okay. This sheet right here, Doctor,</p> <p>12 there's nothing showing what time any of</p> <p>13 these MRIs were ordered. Correct?</p> <p>14 A I don't believe so.</p> <p>15 Q There's nothing showing what time any of</p> <p>16 these MRIs were conducted. Correct?</p> <p>17 A Correct.</p> <p>18 Q So, if you're looking at this sheet,</p> <p>19 Exhibit 13, there could have been a</p> <p>20 five-minute delay between the order and the</p> <p>21 MRI or there could have been a five-day</p> <p>22 delay for all you know. There is no</p> <p>23 telling.</p> <p>24 A Correct.</p> <p>25 Q There's nothing on Exhibit 13 that shows</p>	<p>1 A There is a thoracic spine MRI on it.</p> <p>2 Q Okay. And then, several other areas, the</p> <p>3 cervical and the lumbar. Correct?</p> <p>4 A Correct.</p> <p>5 Q And so, that would suggest that at least the</p> <p>6 brain and the spine are areas where you may</p> <p>7 need an MRI on certain occasions?</p> <p>8 MS. HOSKINS:</p> <p>9 Object to the form.</p> <p>10 MR. BLANKENSHIP:</p> <p>11 Same objection.</p> <p>12 A Correct.</p> <p>13 Q An MRI is a diagnostic screening</p> <p>14 examination. Correct?</p> <p>15 A I don't know about a "screening"</p> <p>16 examination. It's a diagnostic examination.</p> <p>17 Q Diagnostic.</p> <p>18 A You don't use them to screen for anything</p> <p>19 that I'm aware of.</p> <p>20 Q I said "screening." Diagnostic imaging</p> <p>21 examination?</p> <p>22 A Correct.</p> <p>23 Q And when we were talking about</p> <p>24 unavailability, it's physically available at</p> <p>25 Northern Louisiana Medical Center. Correct?</p>
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<p>1 whether these MRIs required precertification</p> <p>2 or did not require precertification.</p> <p>3 Correct?</p> <p>4 A Correct.</p> <p>5 Q And of these few MRIs that purportedly come</p> <p>6 from the ER in Exhibit 13, it looks like at</p> <p>7 least seven of them dealt with the spine.</p> <p>8 Correct?</p> <p>9 A Correct.</p> <p>10 Q And you understand that the MRI that</p> <p>11 Dr. Taylor wanted in this case addressed the</p> <p>12 thumbbar area of the spine?</p> <p>13 MS. HOSKINS:</p> <p>14 Object to the form.</p> <p>15 A Lumbar?</p> <p>16 Q "Thumbbar." Thoracic.</p> <p>17 A Thoracic.</p> <p>18 Q Hey, that's that new area that I invented</p> <p>19 between thoracic and lumbar.</p> <p>20 A I'm not sure what he ordered. I honestly</p> <p>21 don't have any knowledge.</p> <p>22 Q Assume that he wanted the thoracic area of</p> <p>23 the spine to be examined. That would be</p> <p>24 consistent with the few MRIs that exist on</p> <p>25 Exhibit 13. Correct?</p>	<p>1 A There is a machine here.</p> <p>2 Q There is a machine here and it's relatively</p> <p>3 close to the emergency department. Correct?</p> <p>4 A I'm not aware of it's location.</p> <p>5 Q You would not be in a position to dispute or</p> <p>6 argue with Dr. Taylor whenever he describes</p> <p>7 where the MRI machine is located?</p> <p>8 A I would not.</p> <p>9 Q And so, while it's physically available, for</p> <p>10 all practical respects, it's not available</p> <p>11 to you in the emergency department.</p> <p>12 Correct?</p> <p>13 MR. BLANKENSHIP:</p> <p>14 Object to the form.</p> <p>15 A Correct.</p> <p>16 Q And that's because, due to an administrative</p> <p>17 business decision, you are not available to</p> <p>18 press a button and order an MRI from the</p> <p>19 emergency department?</p> <p>20 MS. HOSKINS:</p> <p>21 Object to the form.</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 A I'm not sure where the decision came from.</p> <p>25 I just know it's not available.</p>

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<p>1 Q It didn't come from the doctors. Correct?</p> <p>2 A Correct.</p> <p>3 Q Who orders the software?</p> <p>4 A I assume administration.</p> <p>5 Q And so, if the software is ordered by</p> <p>6 administration and the software doesn't have</p> <p>7 a button that allows you to order an MRI, it</p> <p>8 would be safe to say that administration has</p> <p>9 made the decision to not allow emergency</p> <p>10 room doctors to order an MRI?</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Object to the form.</p> <p>13 A Again, I'm not sure who made the decision</p> <p>14 not to include it.</p> <p>15 Q You've seen no evidence based on the</p> <p>16 software ordered by the administration that</p> <p>17 they want to allow you to be able to order</p> <p>18 an MRI from the emergency room?</p> <p>19 MR. BLANKENSHIP:</p> <p>20 Object to the form.</p> <p>21 A Correct.</p> <p>22 Q We talked about the delay in an MRI, fifteen</p> <p>23 to thirty minutes, typically?</p> <p>24 A That's how long it takes to perform the</p> <p>25 actual MRI.</p>	<p>1 A Yes.</p> <p>2 Q And would it keep you up at night knowing</p> <p>3 that that policy has now left a teenage girl</p> <p>4 paralyzed for the rest of her life?</p> <p>5 MS. HOSKINS:</p> <p>6 Object to the form.</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 A Yes.</p> <p>10 Q You have a daughter yourself. Correct?</p> <p>11 A I do.</p> <p>12 Q That would be very troubling to you?</p> <p>13 A Yes.</p> <p>14 MR. WOODARD:</p> <p>15 No further questions.</p> <p>16 (WITNESS ELECTED TO READ AND SIGN.)</p> <p>17 DEPOSITION CONCLUDED AT 9:30 A.M.</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p>1 Q Okay. That would, of course, be a shorter</p> <p>2 time frame than several hours. Correct?</p> <p>3 A Correct.</p> <p>4 Q And so, even if it's not the fastest test</p> <p>5 available, if under certain circumstances</p> <p>6 it's the best test available, that would be</p> <p>7 better than having a patient sit around and</p> <p>8 wait seven hours.</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Same objection.</p> <p>13 A Correct.</p> <p>14 Q Especially a patient with progressing</p> <p>15 neurological defects.</p> <p>16 A Correct.</p> <p>17 Q Would it be very frustrating for you as a</p> <p>18 physician if you were presented with a</p> <p>19 patient who you thought, in your medical</p> <p>20 judgment, using your training, your</p> <p>21 expertise required an MRI and, because of</p> <p>22 hospital policies and procedures, you were</p> <p>23 not able to get an MRI?</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>	<p>1 REPORTER'S PAGE</p> <p>2 I, LINDA PEROT, Certified Court Reporter</p> <p>3 No. 23012, in and for the State of Louisiana,</p> <p>4 the officer, as defined in Rule 28 of the</p> <p>5 Federal Rules of Civil Procedure and/or Article</p> <p>6 1434(B) of the Louisiana Code of Civil</p> <p>7 Procedure, before whom this proceeding was</p> <p>8 taken, do hereby state on the Record:</p> <p>9</p> <p>10 That due to the interaction in the</p> <p>11 spontaneous discourse of this proceeding, dashes</p> <p>12 (--) have been used to indicate pauses, changes</p> <p>13 in thought, and/or talkovers; that same is the</p> <p>14 proper method for a Court Reporter's</p> <p>15 transcription of proceeding, and that the dashes</p> <p>16 (--) do not indicate that words or phrases have</p> <p>17 been left out of this transcript;</p> <p>18</p> <p>19 That any words and/or names which could</p> <p>20 not be verified through reference material have</p> <p>21 been denoted with the phrase "(spelled</p> <p>22 phonetically)."</p> <p>23</p> <p>24</p> <p>25 LINDA PEROT, CCR No. 23012</p>

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CERTIFICATE

This certification is valid only for a transcript accompanied by my original signature And required official seal stamped on this certificate.

I, LINDA PEROT, Certified Court Reporter, Certificate No. 23012, as the officer before whom this testimony was taken, do hereby certify that EDWARD CALVERT, M.D., after having been duly sworn by me upon authority of R.S. 37:2554, did appear on the 27th day of July, 2016, commencing at 8:06 a.m., and concluding at 9:30 a.m., as hereinbefore set forth in the foregoing 81 pages; that this testimony was reported by me in the stenomask reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is true and correct to the best of my ability and understanding; that the transcript has been prepared in compliance with the transcript format guidelines required by statute and rules of the Board; that I am informed about the complete arrangement, financial or otherwise, with the person or entity making arrangements for deposition services; that I have acted in

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compliance with the prohibition on contractual relationships, as defined by Louisiana Code of Civil Procedure Article 1434 and rules and advisory opinions of the Board; that I have no actual knowledge of any prohibited employment or contractual relationship, direct or indirect, between a court reporting firm and any party litigant in this matter, nor is there any such relationship between myself and a party litigant in this matter; that I am not related to counsel or to any of the parties hereto, I am in no manner associated with counsel for any of the interested parties to this litigation, and I am in no way concerned with the outcome thereof.

West Monroe, Louisiana, on this the 18th day of October, 2016.

LINDA PEROT  
CERTIFIED COURT REPORTER  
CERTIFICATE NO. 23012  
STATE OF LOUISIANA

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Exhibit "1"

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